

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

ADDRESS (number and street)

PO Box 4184

Check if different  
than previously  
reported. (ACC)

New York

NY

10163

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00688655

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15  
Quarterly Report (Q1)July 15  
Quarterly Report (Q2)October 15  
Quarterly Report (Q3)January 31  
Year-End Report (YE)July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)Termination Report  
(TER)(b) Monthly  
Report  
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)  
(Non-Election  
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)  
(Non-Election  
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the  
State of(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y Y Y

through

M M /

D D /

Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Paone, Tara, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Paone, Tara, , ,

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
10 / 15 / 2020 To: M M / D D / Y Y Y Y Y Y  
11 / 23 / 2020

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2020</span>		<span style="border: 1px solid black; padding: 2px;">11438548.99</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">4700283.82</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">1724942.00</span>	<span style="border: 1px solid black; padding: 2px;">16206945.51</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">6425225.82</span>	<span style="border: 1px solid black; padding: 2px;">27645494.50</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">6228156.29</span>	<span style="border: 1px solid black; padding: 2px;">27448424.97</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">197069.53</span>	<span style="border: 1px solid black; padding: 2px;">197069.53</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">196521.77</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
10 15 2020

To:

M M / D D / Y Y Y Y Y  
11 23 2020

**I. Receipts**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

## (i) Itemized (use Schedule A).....

1657441.00

15648172.93

## (ii) Unitemized .....

67501.00

520104.57

## (iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

1724942.00

16168277.50

## (b) Political Party Committees .....

0.00

0.00

## (c) Other Political Committees

(such as PACs).....

0.00

29216.67

## (d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

1724942.00

16197494.17

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

9451.34

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

## (a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

## (b) Levin Funds (from Schedule H5) .....

0.00

0.00

## (c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

## 19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) .....

1724942.00

16206945.51

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

1724942.00

16206945.51

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	520124.66	2680680.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	520124.66	2680680.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1100000.00
24. Independent Expenditures (use Schedule E) .....	4125271.77	21194977.09
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	340.00	6388.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	340.00	6388.00
29. Other Disbursements (Including Non-Federal Donations).....	1582419.86	2466378.91
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6228156.29	27448424.97
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6228156.29	27448424.97

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1724942.00	16197494.17
34. Total Contribution Refunds (from Line 28(d)) .....	340.00	6388.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1724602.00	16191106.17
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....▶	520124.66	2680680.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	9451.34
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	520124.66	2671229.63

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 141

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Barker, Joyce, , ,**

Mailing Address PO Box 393

City

Big Bear Lake

State

CA

Zip Code

92315-0393

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		23		2020

**Transaction ID : 35734**

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ACTBLUE**Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		25		2020

**Transaction ID : 35734E**

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Barker, Joyce, , ,**

Mailing Address PO Box 393

City

Big Bear Lake

State

CA

Zip Code

92315-0393

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		23		2020

**Transaction ID : 35686**

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

50.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

**M M / D D / Y Y Y Y Y Y**  
11 / 23 / 2020

**Transaction ID : 35686E**

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Bartlett, Paul, , ,**

Mailing Address 6435 Swainland Rd

City  
Oakland

State  
CA

Zip Code  
94611-1856

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

**M M / D D / Y Y Y Y Y Y**  
10 / 26 / 2020

**Transaction ID : 34336**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Bender, Robert, , ,**

Mailing Address 5908 Huxley Ave

City  
Bronx

State  
NY

Zip Code  
10471-1904

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**M M / D D / Y Y Y Y Y Y**  
10 / 16 / 2020

**Transaction ID : 34315**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Benenson, Bruce, W., ,**

Mailing Address 1900 Avenue Of The Stars  
Ste 400

City  
Los Angeles

State  
CA

Zip Code  
90067-4317

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Benenson Capital Partners

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 22 / 2020

**Transaction ID : 34300**

Amount of Each Receipt this Period

25000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Bright, David, S., ,**

Mailing Address 12157 Suffolk Ter

City

Gaithersburg

State

MD

Zip Code

20878-2040

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 26 / 2020

**Transaction ID : 34334**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Brooks, Jennifer, , ,**

Mailing Address 681 Templebar Way

City

Los Altos

State

CA

Zip Code

94022-1654

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Stanford University

Occupation (for Individual)  
Software Tester

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2020

**Transaction ID : 34376**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25400.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 141

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Brown, Lauren, , ,**

Mailing Address 35 Flying Point Rd

City  
Branford

State  
CT

Zip Code  
06405-5703

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Connecticut Hospice, Inc.

Occupation (for Individual)  
Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2020

**Transaction ID : 34307**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Burbidge, Margaret, , ,**

Mailing Address 333 E 69Th St  
Apt 3F

City  
New York

State  
NY

Zip Code  
10021-5550

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2020

**Transaction ID : 34303**

Amount of Each Receipt this Period

2000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Byers, Stephen, , ,**

Mailing Address 7905 Glendale Rd

City  
Chevy Chase

State  
MD

Zip Code  
20815-5904

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Crowell & Moring LLP

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2020

**Transaction ID : 35641**

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2525.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 22 / 2020

Transaction ID : 35641E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Byers-Smith, Alicia, , ,**

Mailing Address 1407 James Thompson Ln

City  
Espanola

State  
NM

Zip Code  
87532-8061

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 04 / 2020

Transaction ID : 35818

Amount of Each Receipt this Period

20.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 08 / 2020

Transaction ID : 35818E

Amount of Each Receipt this Period

20.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

20.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Cain, Bernest, , ,**

Mailing Address 201 Edgemere Ct

City  
Oklahoma City

State  
OK

Zip Code  
73118-8623

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2020

**Transaction ID : 35526**

Amount of Each Receipt this Period

250.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2020

**Transaction ID : 35526E**

Amount of Each Receipt this Period

250.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**c. Chamberlayne, Brian, , ,**

Mailing Address 1414 Westerly Ter

City  
Los Angeles

State  
CA

Zip Code  
90026-1652

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Netflix

Occupation (for Individual)  
Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2020

**Transaction ID : 35664**

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 12 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2020

Transaction ID : 35664E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Chamberlayne, Brian, , ,**

Mailing Address 1414 Westerly Ter

City

Los Angeles

State

CA

Zip Code

90026-1652

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Netflix

Occupation (for Individual)  
Writer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 18 / 2020

Transaction ID : 35665

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 22 / 2020

Transaction ID : 35665E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶

25.00

TOTAL This Period (last page this line number only).....▶

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Clark-Alsadder, Katie, , ,

Mailing Address 1874 Kirkland Ave

City  
San JoseState  
CAZip Code  
95125-1874FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Apple

Occupation (for Individual)

Public Relations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2020

Transaction ID : 35633

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ACTBLUE

Mailing Address 14 Arrow St  
Ste 11City  
CambridgeState  
MAZip Code  
02138-5106FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2020

Transaction ID : 35633E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Cohen, Jonathan, , ,

Mailing Address 7425 W 33Rd Ave

City  
Wheat RidgeState  
COZip Code  
80033-6288FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Denver Public Schools

Occupation (for Individual)

Teacher

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2020

Transaction ID : 35643

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶

50.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 01 / 2020

**Transaction ID : 35643E**

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Conlan, Deborah, , ,**

Mailing Address 306 Princeton Blvd

City

Alexandria

State

VA

Zip Code

22314-4716

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
SYNAXIS

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 26 / 2020

**Transaction ID : 34330**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Conroy, Sidney, , ,**

Mailing Address 10 Meadow Ave

City

Kentfield

State

CA

Zip Code

94904-1084

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 02 / 2020

**Transaction ID : 34324**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

600.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Constantinos, Patricia, , ,

Mailing Address PO Box 575

City

Otis

State

MA

Zip Code

01253-0575

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 16 / 2020

Transaction ID : 34771

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Constantinos, Patricia, , ,

Mailing Address PO Box 575

City

Otis

State

MA

Zip Code

01253-0575

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 26 / 2020

Transaction ID : 34718

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Constantinos, Patricia, , ,

Mailing Address PO Box 575

City

Otis

State

MA

Zip Code

01253-0575

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 29 / 2020

Transaction ID : 34570

Amount of Each Receipt this Period

65.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

165.00

TOTAL This Period (last page this line number only)..... ►



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Constantinou, Patricia, , ,**

Mailing Address PO Box 575

City  
Otis

State  
MA

Zip Code  
01253-0575

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information Requested

Occupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

11 / 10 / 2020

Transaction ID : 34917

Amount of Each Receipt this Period

35.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Corr, Candace, , ,**

Mailing Address 1418 Wesley Ave

City

Evanston

State

IL

Zip Code

60201-4120

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Berkshire Hathaway

Occupation (for Individual)  
Real Estate Associate

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 16 / 2020

Transaction ID : 35524

Amount of Each Receipt this Period

250.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

10 / 18 / 2020

Transaction ID : 35524E

Amount of Each Receipt this Period

250.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

285.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Davidson, Diane, , ,**

Mailing Address 3538 Pinetree Ter

City  
Falls Church

State  
VA

Zip Code  
22041-1418

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2020

**Transaction ID : 34350**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Davis, Kathryn, , ,**

Mailing Address 504 Cypress Dr

City  
Long Beach

State  
MS

Zip Code  
39560-3233

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2020

**Transaction ID : 35749**

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 08 / 2020

**Transaction ID : 35749E**

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

225.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Desch, Gerald, , ,**

Mailing Address 7250 Frederick Pike

City  
Dayton

State  
OH

Zip Code  
45414-1906

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2020

**Transaction ID : 35589**

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2020

**Transaction ID : 35589E**

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Devoss, Carol, W., ,**

Mailing Address 1003 Ash St

City  
Saint Charles

State  
IL

Zip Code  
60174-4116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 19 / 2020

**Transaction ID : 34420**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

150.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Devoss, Carol, W., ,

Mailing Address 1003 Ash St

City  
Saint Charles

State  
IL

Zip Code  
60174-4116

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2020

Transaction ID : 34436

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Dismukes, Paul, , ,

Mailing Address 10 Westwood Rd

City  
Asheville

State  
NC

Zip Code  
28803-3118

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2020

Transaction ID : 34382

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Driker, Eugene, , ,

Mailing Address 1525 Wellesley Dr

City  
Detroit

State  
MI

Zip Code  
48203-1477

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Barris, Sott, Denn & Driker PLLC

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2020

Transaction ID : 34333

Amount of Each Receipt this Period

250.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

500.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Eifert, Sheila, M, ,

Mailing Address 208 Oak Knoll Dr

City  
Oakwood

State  
OH

Zip Code  
45419-1365

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Lighthouse Technologies

Occupation (for Individual)  
Part Time Recruiter

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2020

Transaction ID : 34400

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Ellis, Ian, , ,

Mailing Address 5821 New Cut Rd

City  
Louisville

State  
KY

Zip Code  
40214-5661

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2020

Transaction ID : 35672

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ACTBLUE

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 08 / 2020

Transaction ID : 35672E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

125.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Ernewein, Kristine, , ,

Mailing Address 3232 Astorbrook Way

City  
Highlands RanchState  
COZip Code  
80126-7812FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KaiserOccupation (for Individual)  
Optometrist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2020

Transaction ID : 35655

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ACTBLUE

Mailing Address 14 Arrow St  
Ste 11City  
CambridgeState  
MAZip Code  
02138-5106FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2020

Transaction ID : 35655E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Everytown For Gun Safety Action Fund

Mailing Address 909 3Rd Ave  
FI 15City  
New YorkState  
NYZip Code  
10022-4745FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1853746.93

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2020

Transaction ID : 34267

Amount of Each Receipt this Period

500000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

500025.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. Everytown For Gun Safety Action Fund**

Mailing Address 909 3Rd Ave  
FI 15

City  
New York

State  
NY

Zip Code  
10022-4745

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1853746.93

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 26 / 2020

**Transaction ID : 34268**

Amount of Each Receipt this Period

500000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Everytown For Gun Safety Action Fund**

Mailing Address 909 3Rd Ave  
FI 15

City  
New York

State  
NY

Zip Code  
10022-4745

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1853746.93

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 31 / 2020

**Transaction ID : 34266**

Amount of Each Receipt this Period

133779.00

☐ Memo Item

\* In-Kind: Staff Time, Overhead, Database Services,  
Fundraising Consulting

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Feige, Anna, May, ,**

Mailing Address 205 W 57Th St  
Apt 9B

City  
New York

State  
NY

Zip Code  
10019-2105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Not Employed

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 04 / 2020

**Transaction ID : 35694**

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

633804.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 08 / 2020

Transaction ID : 35694E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Ferber, Steven, Dwight, ,**

Mailing Address 2200 N George Mason Dr  
Unit 7123

City  
Arlington

State  
VA

Zip Code  
22207-8007

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 24 / 2020

Transaction ID : 35550

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2020

Transaction ID : 35550E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶

100.00

TOTAL This Period (last page this line number only).....▶

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Fishel, Brad, , ,

Mailing Address 5202 SW 19Th Dr

City  
PortlandState  
ORZip Code  
97239-2123FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Planned Change ConsultingOccupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 09 / 2020

Transaction ID : 34305

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Forshey, Georgia, , ,

Mailing Address 2725 Calder Ct

City  
Fort WorthState  
TXZip Code  
76107-3077FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

348.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2020

Transaction ID : 35551

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ACTBLUE

Mailing Address 14 Arrow St  
Ste 11City  
CambridgeState  
MAZip Code  
02138-5106FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2020

Transaction ID : 35551E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1100.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Frankenburg, Wilhelmine, R., ,**

Mailing Address PO Box 10457

City  
Bainbridge Island

State  
WA

Zip Code  
98110-0457

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2020

Transaction ID : 34314

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Fu, Qiuyan, , ,**

Mailing Address 106 W Morton St

City  
Moscow

State  
ID

Zip Code  
83843-2002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University Of Idaho

Occupation (for Individual)  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 23 / 2020

Transaction ID : 35788

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2020

Transaction ID : 35788E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶

525.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Fu, Qiuyan, , ,**

Mailing Address 106 W Morton St

City  
Moscow

State  
ID

Zip Code  
83843-2002

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University Of Idaho

Occupation (for Individual)  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

11 / 23 / 2020

Transaction ID : 35787

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

11 / 23 / 2020

Transaction ID : 35787E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Garst, Rachel, , ,**

Mailing Address 3815 Kingman Blvd

City  
Des Moines

State  
IA

Zip Code  
50311-3607

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

10 / 16 / 2020

Transaction ID : 35530

Amount of Each Receipt this Period

250.00

☐ Memo Item

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

275.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2020

Transaction ID : 35530E

Amount of Each Receipt this Period

250.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Gavan, Kathleen, , ,**

Mailing Address 105 Harvest Grv

City

Imperial

State

MO

Zip Code

63052-3843

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2020

Transaction ID : 34316

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Gibson, Kathy, , ,**

Mailing Address 3943 N Lakewood Dr

City

Memphis

State

TN

Zip Code

38128-4308

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
KBG Technologies

Occupation (for Individual)

CEO

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 20 / 2020

Transaction ID : 34304

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

1500.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Grandey, Bettina, , ,**

Mailing Address 560 N Williams St

City  
Denver

State  
CO

Zip Code  
80218-3640

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2020

**Transaction ID : 34338**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Greider, Philip, , ,**

Mailing Address 7428 Mulholland Dr

City

Los Angeles

State

CA

Zip Code

90046-1306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Philip A Greider MD Inc.

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 21 / 2020

**Transaction ID : 35523**

Amount of Each Receipt this Period

500.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 22 / 2020

**Transaction ID : 35523E**

Amount of Each Receipt this Period

500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Grossman, Charles, L, ,**

Mailing Address 16900 Lake Ave

City  
Lakewood

State  
OH

Zip Code  
44107-1138

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2020

**Transaction ID : 34323**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Grundke, Art, , ,**

Mailing Address 315 N La Grange Rd  
Apt 609

City

La Grange Pk

State

IL

Zip Code

60526-5008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LaGrange Highlands School District

Occupation (for Individual)

Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 19 / 2020

**Transaction ID : 34474**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Grundke, Art, , ,**

Mailing Address 315 N La Grange Rd  
Apt 609

City

La Grange Pk

State

IL

Zip Code

60526-5008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
LaGrange Highlands School District

Occupation (for Individual)

Principal

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 06 / 2020

**Transaction ID : 34492**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Gumper, David, E, ,**

Mailing Address 129 E Wallace St

City  
Gonzales

State  
TX

Zip Code  
78629-3437

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Gonzales Building Center

Occupation (for Individual)  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 18 / 2020

**Transaction ID : 34308**

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Guyton, Jane, Ann, ,**

Mailing Address 4581 7Th Ave SW

City  
Naples

State  
FL

Zip Code  
34119-4035

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

10 / 27 / 2020

**Transaction ID : 35703**

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

11 / 01 / 2020

**Transaction ID : 35703E**

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

525.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Hajjar, June, , ,**

Mailing Address 400 Madison St  
Apt 1706

City  
Alexandria

State  
VA

Zip Code  
22314-1728

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2020

**Transaction ID : 34345**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Hanback, Christopher, , ,**

Mailing Address PO Box 494

City

Shady Side

State

MD

Zip Code

20764-0494

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 22 / 2020

**Transaction ID : 35528**

Amount of Each Receipt this Period

250.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 22 / 2020

**Transaction ID : 35528E**

Amount of Each Receipt this Period

250.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

475.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

<b>A. Hao, Evelyn, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 3303 Huelani Dr City Honolulu State HI Zip Code 96822-1276 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 500.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 16 / 2020 <b>Transaction ID : 34311</b> Amount of Each Receipt this Period 500.00 <input type="checkbox"/> Memo Item
<b>B. Harris, Charlie, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 19400 NE Jaquith Rd City Newberg State OR Zip Code 97132-6692 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Self Employed Occupation (for Individual) Attorney Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2020 <b>Transaction ID : 34340</b> Amount of Each Receipt this Period 250.00 <input type="checkbox"/> Memo Item
<b>C. Hatcher, Philip, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Mailing Address 9 Woodland Rd City Dover State NH Zip Code 03820-4232 FEC ID number of contributing federal political committee. C Name of Employer (for Individual) Not Employed Occupation (for Individual) Retired Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 400.00			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 05 / 2020 <b>Transaction ID : 34320</b> Amount of Each Receipt this Period 400.00 <input type="checkbox"/> Memo Item
<b>SUBTOTAL</b> of Receipts This Page (optional)..... ▶			1150.00
<b>TOTAL</b> This Period (last page this line number only)..... ▶			



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Helfand, Terri, , ,**

Mailing Address 2136 Sunrise Cir E

City  
Upland

State  
CA

Zip Code  
91784-7388

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 21 / 2020

**Transaction ID : 34392**

Amount of Each Receipt this Period

115.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Henry, Rebecca, , ,**

Mailing Address 2939 La Balme Trl

City  
Fort Wayne

State  
IN

Zip Code  
46804-2519

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2020

**Transaction ID : 34356**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Holman, George, F, ,**

Mailing Address 14304 Swift Creek Ct

City  
Reno

State  
NV

Zip Code  
89511-6766

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Yawye Inc

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 26 / 2020

**Transaction ID : 36153**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

815.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Holt, Virginia, , ,**

Mailing Address 4827 Fargo Ave

City  
Skokie

State  
IL

Zip Code  
60077-3306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2020

**Transaction ID : 35529**

Amount of Each Receipt this Period

250.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2020

**Transaction ID : 35529E**

Amount of Each Receipt this Period

250.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. James, Michael, , ,**

Mailing Address 308 S 15Th St

City

Lewisburg

State

PA

Zip Code

17837-1783

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Bucknell University

Occupation (for Individual)

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 31 / 2020

**Transaction ID : 35538**

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 11 / 01 / 2020

Transaction ID : 35538E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Jimenez, Joseph, , ,**

Mailing Address 5224 SW 159Th Ave

City

Miramar

State

FL

Zip Code

33027-4993

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)

Consultant

Receipt For:

☐  
☐

Primary

General

Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 15 / 2020

Transaction ID : 35532

Amount of Each Receipt this Period

250.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐  
☐

Primary

General

Other (specify)

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 18 / 2020

Transaction ID : 35532E

Amount of Each Receipt this Period

250.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ►

250.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Kage, Larry, , ,**

Mailing Address 6445 Hickory Hollow Ct

City  
Flint

State  
MI

Zip Code  
48532-2055

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2020

**Transaction ID : 34306**

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Kaplan, Harvey, , ,**

Mailing Address 222 Harvard Rd

City

San Mateo

State

CA

Zip Code

94402-2216

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2020

**Transaction ID : 34368**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Kearns, Kathleen, , ,**

Mailing Address 923 Helms Ln

City

Modesto

State

CA

Zip Code

95350-5018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Scenic Faculty Medical Group

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 26 / 2020

**Transaction ID : 34317**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1650.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Kelley, Jean, , ,

Mailing Address 908 Arrowroot Ct

City  
New Smyrna Beach

State  
FL

Zip Code  
32168-7939

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 23 / 2020

Transaction ID : 35733

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ACTBLUE

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 10 / 25 / 2020

Transaction ID : 35733E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Kelley, Jean, , ,

Mailing Address 908 Arrowroot Ct

City  
New Smyrna Beach

State  
FL

Zip Code  
32168-7939

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
 11 / 23 / 2020

Transaction ID : 35693

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional)..... ►

50.00

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### A. ACTBLUE

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

**M M M / D D D / Y Y Y Y Y Y**  
11 / 23 / 2020

**Transaction ID : 35693E**

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### B. Lanoux, Mark, , ,

Mailing Address 12405 Montego Plz

City  
Dallas

State  
TX

Zip Code  
75230-1723

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Southwest Airlines

Occupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

**M M M / D D D / Y Y Y Y Y Y**  
10 / 26 / 2020

**Transaction ID : 34347**

Amount of Each Receipt this Period

225.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

### C. Larson, Jeanette, P, ,

Mailing Address 38 Bradford Vis

City  
Fletcher

State  
NC

Zip Code  
28732-8544

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Catawba Valley Medical Group

Occupation (for Individual)  
Neurologist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**M M M / D D D / Y Y Y Y Y Y**  
10 / 21 / 2020

**Transaction ID : 36016**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

725.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Lauver, Alton, , ,

Mailing Address 34 Valley View Dr

City  
MifflinState  
PAZip Code  
17058-9601FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 02 / 2020

Transaction ID : 34380

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Lindstrom, Robert, W, ,

Mailing Address 11 Taylor Home Dr

City

Laconia

State

NH

Zip Code

03246-2581

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

215.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2020

Transaction ID : 36066

Amount of Each Receipt this Period

130.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Long, Kyle, , ,

Mailing Address 13916 Cumpston St

City

Sherman Oaks

State

CA

Zip Code

91401-5741

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Information Requested

Occupation (for Individual)

Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2020

Transaction ID : 34332

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

580.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Looney, Michael, , ,**

Mailing Address 1603 Balverne Ln

City  
Windsor

State  
CA

Zip Code  
95492-7592

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 06 / 2020

**Transaction ID : 35747**

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

11 / 08 / 2020

**Transaction ID : 35747E**

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Love, W, H, ,**

Mailing Address 909 Ridge Rd

City  
Stevens Point

State  
WI

Zip Code  
54481-2431

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

UW-Stevens Point

Occupation (for Individual)

Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

11 / 10 / 2020

**Transaction ID : 34331**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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for each category of the  
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(check only one)

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Lurie, Yoav, , ,**

Mailing Address 1412 North St

City  
Boulder

State  
CO

Zip Code  
80304-3512

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

11 / 01 / 2020

Transaction ID : 35547

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

11 / 01 / 2020

Transaction ID : 35547E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Lyford, Cherie, , ,**

Mailing Address 6540 Lindsay Ln

City  
Mount Pleasant

State  
WI

Zip Code  
53406-6351

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

11 / 03 / 2020

Transaction ID : 34346

Amount of Each Receipt this Period

225.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Maestas-Condos, Ronnie, , ,

Mailing Address 8300 E Quail Call Ln

City  
Hereford

State  
AZ

Zip Code  
85615-5400

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 21 / 2020

Transaction ID : 35624

Amount of Each Receipt this Period

35.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ACTBLUE

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2020

Transaction ID : 35624E

Amount of Each Receipt this Period

35.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Maestas-Condos, Ronnie, , ,

Mailing Address 8300 E Quail Call Ln

City  
Hereford

State  
AZ

Zip Code  
85615-5400

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 22 / 2020

Transaction ID : 35627

Amount of Each Receipt this Period

32.00

☐ Memo Item

\* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

67.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2020

**Transaction ID : 35627E**

Amount of Each Receipt this Period

32.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Maestas-Condos, Ronnie, , ,**

Mailing Address 8300 E Quail Call Ln

City  
Hereford

State  
AZ

Zip Code  
85615-5400

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2020

**Transaction ID : 35622**

Amount of Each Receipt this Period

35.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 22 / 2020

**Transaction ID : 35622E**

Amount of Each Receipt this Period

35.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

35.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Maestas-Condos, Ronnie, , ,**

Mailing Address 8300 E Quail Call Ln

City  
Hereford

State  
AZ

Zip Code  
85615-5400

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

11 / 22 / 2020

Transaction ID : 35628

Amount of Each Receipt this Period

32.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

11 / 22 / 2020

Transaction ID : 35628E

Amount of Each Receipt this Period

32.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Malone, Katie, , ,**

Mailing Address 724 Hinman Ave

City  
Evanston

State  
IL

Zip Code  
60202-4429

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

11 / 21 / 2020

Transaction ID : 35527

Amount of Each Receipt this Period

250.00

☐ Memo Item

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

282.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

**11** / **22** / **2020**

**Transaction ID : 35527E**

Amount of Each Receipt this Period

250.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Maze, Nancy, , ,**

Mailing Address 1710 2Nd St

City  
Peru

State  
IL

Zip Code  
61354-3302

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**10** / **16** / **2020**

**Transaction ID : 34462**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Maze, Nancy, , ,**

Mailing Address 1710 2Nd St

City  
Peru

State  
IL

Zip Code  
61354-3302

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

**10** / **26** / **2020**

**Transaction ID : 34461**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. McCarthy, Patricia, , ,

Mailing Address 458 Grouse Ct W

City  
New Hope

State  
PA

Zip Code  
18938-1556

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2020

Transaction ID : 34327

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. McDowell, William, , ,

Mailing Address 1627 Riveroak Rd

City  
Inman

State  
SC

Zip Code  
29349-8169

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 20 / 2020

Transaction ID : 34310

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. McGinnis, Grace, , ,

Mailing Address 617 Rock Creek Rd

City  
Charlottesville

State  
VA

Zip Code  
22903-3829

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 28 / 2020

Transaction ID : 35780

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

825.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2020

Transaction ID : 35780E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. McLaney, Garrison, , ,**

Mailing Address 519 Park Ave

City  
Towson

State  
MD

Zip Code  
21204-3840

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 06 / 2020

Transaction ID : 35748

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 08 / 2020

Transaction ID : 35748E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Meyer, Christopher, L, ,**

Mailing Address 544 Bullock Dr

City  
Guilford

State  
VT

Zip Code  
05301-8288

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Grattleboro Memorial Hospital

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2020

Transaction ID : 34309

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Milhollan, David, J, ,**

Mailing Address 61 W Prospect Ave

City  
Washington

State  
PA

Zip Code  
15301-6346

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2020

Transaction ID : 34353

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Miska, Sima, , ,**

Mailing Address 12835 SW 75Th Ave

City  
Pinecrest

State  
FL

Zip Code  
33156-6105

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2020

Transaction ID : 35569

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

750.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## A. ACTBLUE

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2020

Transaction ID : 35569E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## B. Mohrman, William, , ,

Mailing Address 9353 Notts Ct

City

Lone Tree

State  
CO

Zip Code  
80124-3111

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2020

Transaction ID : 35602

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## C. ACTBLUE

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2020

Transaction ID : 35602E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

50.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Moritz, Michael, , ,**

Mailing Address 2626 Vallejo St

City

San Francisco

State

CA

Zip Code

94123-4643

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Sequoia Capital

Occupation (for Individual)

Investor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

450000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2020

Transaction ID : 36152

Amount of Each Receipt this Period

450000.00

☐

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Morse, Danielle, , ,**
Mailing Address 135 A Massachusetts Ave  
Apt 3

City

Arlington

State

MA

Zip Code

02474-8632

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

MIT

Occupation (for Individual)

Research Scientist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2020

Transaction ID : 35544

Amount of Each Receipt this Period

100.00

☐

Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ACTBLUE**
Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2020

Transaction ID : 35544E

Amount of Each Receipt this Period

100.00

☒

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ►

450100.00

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Murdock, Gina, , ,

Mailing Address PO Box 2272

City  
AspenState  
COZip Code  
81612-2272FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Director Of Non Profit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2020

Transaction ID : 35769

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ACTBLUE

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State  
MAZip Code  
02138-5106FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 25 / 2020

Transaction ID : 35769E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Murdock, Gina, , ,

Mailing Address PO Box 2272

City  
AspenState  
COZip Code  
81612-2272FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Director Of Non Profit

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 23 / 2020

Transaction ID : 35768

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶

50.00

TOTAL This Period (last page this line number only).....▶

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 23 / 2020

Transaction ID : 35768E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Murphy, Matthew, , ,**

Mailing Address 15 Pipers Gln

City

Andover

State

MA

Zip Code

01810-2334

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2020

Transaction ID : 35595

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2020

Transaction ID : 35595E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ▶

50.00

TOTAL This Period (last page this line number only)..... ▶

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nessel, Martin, , ,

Mailing Address 6497 Walnut Lake Rd

City  
West BloomfieldState  
MIZip Code  
48323-2256FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 05 / 2020

Transaction ID : 34335

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Nicholson, Gordon, , ,

Mailing Address 337 Redlands Mesa Dr

City  
Grand JunctionState  
COZip Code  
81507-2475FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 19 / 2020

Transaction ID : 35593

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ACTBLUE

Mailing Address 14 Arrow St  
Ste 11City  
CambridgeState  
MAZip Code  
02138-5106FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 25 / 2020

Transaction ID : 35593E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

300.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Nicholson, Gordon, , ,

Mailing Address 337 Redlands Mesa Dr

City

Grand Junction

State

CO

Zip Code

81507-2475

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 19 / 2020

Transaction ID : 35574

Amount of Each Receipt this Period

50.00

☐

Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ACTBLUE

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐  
☐

Primary

☐

General

Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 22 / 2020

Transaction ID : 35574E

Amount of Each Receipt this Period

50.00

☒

Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Nilsen, Joyce, , ,

Mailing Address 86 Michigan Ave

City

Holland

State

MI

Zip Code

49424-2228

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐  
☐

Primary

☐

General

Other (specify)

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2020

Transaction ID : 36059

Amount of Each Receipt this Period

200.00

☐

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

250.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Nixon, Forrest, , ,**

Mailing Address 511 N 16Th St

City  
San Jose

State  
CA

Zip Code  
95112-1731

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2020

**Transaction ID : 34450**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Nordhaus, Jean, , ,**

Mailing Address 623 E Capitol St SE

City  
Washington

State  
DC

Zip Code  
20003-1234

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Author

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 02 / 2020

**Transaction ID : 34329**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Nordhoff, Nancy, , ,**

Mailing Address PO Box 306

City  
Langley

State  
WA

Zip Code  
98260-0306

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 23 / 2020

**Transaction ID : 34301**

Amount of Each Receipt this Period

10000.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

10400.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Odell, Cynthia, , ,**

Mailing Address 66 Dellwood Rd

City  
Yonkers

State  
NY

Zip Code  
10708-2018

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Designer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

11 / 01 / 2020

**Transaction ID : 35767**

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

11 / 01 / 2020

**Transaction ID : 35767E**

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Okpaku, Samuel, , ,**

Mailing Address 2907 Belmont Blvd

City

Nashville

State

TN

Zip Code

37212-5907

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

11 / 09 / 2020

**Transaction ID : 34319**

Amount of Each Receipt this Period

500.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

525.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Omenn, Gilbert, S., ,**

Mailing Address 3340 E Dobson Pl

City  
Ann Arbor

State  
MI

Zip Code  
48105-2583

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University Of Michigan

Occupation (for Individual)  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2020

**Transaction ID : 35533**

Amount of Each Receipt this Period

250.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2020

**Transaction ID : 35533E**

Amount of Each Receipt this Period

250.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Orford, Stuart, , ,**

Mailing Address 7339 N Seward Ave

City  
Portland

State  
OR

Zip Code  
97217-5843

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 03 / 2020

**Transaction ID : 35811**

Amount of Each Receipt this Period

20.00

☐ Memo Item

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

270.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## A. ACTBLUE

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 03 / 2020

Transaction ID : 35811E

Amount of Each Receipt this Period

20.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## B. Paloutzian, Raymond, , ,

Mailing Address 1250 Ferrelo Rd

City

Santa Barbara

State

CA

Zip Code

93103-2102

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2020

Transaction ID : 35522

Amount of Each Receipt this Period

500.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## C. ACTBLUE

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 22 / 2020

Transaction ID : 35522E

Amount of Each Receipt this Period

500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ►

500.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Patel, Shashank, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 12 / 2020	
Mailing Address 25 Northern Ave Unit 2101			<b>Transaction ID : 35799</b>	
City Boston	State MA	Zip Code 02210-2226	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) Watts Water		Occupation (for Individual) CFO	* Earmarked Contribution: See Below	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. ACTBLUE</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 11 / 15 / 2020	
Mailing Address 14 Arrow St Ste 11			<b>Transaction ID : 35799E</b>	
City Cambridge	State MA	Zip Code 02138-5106	Amount of Each Receipt this Period 25.00	
FEC ID number of contributing federal political committee. C C00401224			<input checked="" type="checkbox"/> Memo Item	
Name of Employer (for Individual)		Occupation (for Individual) Conduit total listed in Agg. field	Note: Above Contribution earmarked through this organization.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 19295.10		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Payne, Roslyn, , ,</b>			Date of Receipt M M / D D / Y Y Y Y Y Y 10 / 26 / 2020	
Mailing Address 3616 Jackson St			<b>Transaction ID : 35520</b>	
City San Francisco	State CA	Zip Code 94118-1810	Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) Jackson Street Partners		Occupation (for Individual) Real Estate	* Earmarked Contribution: See Below	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 2500.00		

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2525.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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FOR LINE NUMBER: PAGE 60 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

**11** / **01** / **2020**

**Transaction ID : 35520E**

Amount of Each Receipt this Period

2500.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Peach, Monica, , ,**

Mailing Address 11005 111Th Ave NE

City  
Kirkland

State  
WA

Zip Code  
98033-5002

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Jigsaw Junction

Occupation (for Individual)  
Behavior Analyst

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

**11** / **06** / **2020**

**Transaction ID : 36021**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Pearl, Lisa, , ,**

Mailing Address 14877 Eden Mills Pl

City  
San Diego

State  
CA

Zip Code  
92131-4253

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

**10** / **17** / **2020**

**Transaction ID : 35761**

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

125.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
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FOR LINE NUMBER: PAGE 61 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

**M M M / D D D / Y Y Y Y Y Y**  
**10 / 18 / 2020**

**Transaction ID : 35761E**

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Pearl, Lisa, , ,**

Mailing Address 14877 Eden Mills Pl

City

San Diego

State

CA

Zip Code

92131-4253

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

**M M M / D D D / Y Y Y Y Y Y**  
**11 / 17 / 2020**

**Transaction ID : 35762**

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

**M M M / D D D / Y Y Y Y Y Y**  
**11 / 22 / 2020**

**Transaction ID : 35762E**

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Pedneau, Emily, , ,**

Mailing Address 1801 Clydesdale PI NW  
Apt 324

City  
Washington

State  
DC

Zip Code  
20009-6001

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Federal Government

Occupation (for Individual)  
Government

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2020

**Transaction ID : 35646**

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2020

**Transaction ID : 35646E**

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Pixley, Deborah, M, ,**

Mailing Address PO Box 363

City  
Vinalhaven

State  
ME

Zip Code  
04863-0363

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Information Requested

Occupation (for Individual)  
Information Requested

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2020

**Transaction ID : 34381**

Amount of Each Receipt this Period

150.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

175.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Poche, Lori, , ,**

Mailing Address 117 Ridgewood Dr

City  
MetairieState  
LAZip Code  
70005-3929FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2020

Transaction ID : 34337

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Prince, Diana, , ,**

Mailing Address 2812 N St NW

City

Washington

State

DC

Zip Code

20007-3339

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Philanthropist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2020

Transaction ID : 34342

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Prinzing, Gerald, , ,**

Mailing Address 1008 E Stroop Rd

City

Kettering

State

OH

Zip Code

45429-4604

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

405.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 26 / 2020

Transaction ID : 36065

Amount of Each Receipt this Period

135.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

635.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 64 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Rappaport, Valerie, , ,

Mailing Address 1515 Eagle Ridge Rd NE

City  
Albuquerque

State  
NM

Zip Code  
87122-1156

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 21 / 2020

Transaction ID : 35557

Amount of Each Receipt this Period

100.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ACTBLUE

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 22 / 2020

Transaction ID : 35557E

Amount of Each Receipt this Period

100.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Rich, Gary, L, ,

Mailing Address 1448 Patterson Ave SE

City  
Grand Rapids

State  
MI

Zip Code  
49546-3782

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 29 / 2020

Transaction ID : 36057

Amount of Each Receipt this Period

1000.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶

1100.00

TOTAL This Period (last page this line number only)..... ▶



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Ritzler, Barry, , ,**

Mailing Address 104 Turtlebrook Ln

City  
Bristol

State  
CT

Zip Code  
06010-1603

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Long Island University

Occupation (for Individual)  
Professor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2020

**Transaction ID : 36018**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Rock, David, , ,**

Mailing Address 2011 Pier Ave

City

Santa Monica

State

CA

Zip Code

90405-5949

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 29 / 2020

**Transaction ID : 34445**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Roof, Meghan, , ,**

Mailing Address 605 Alfa Dr

City

Frankfort

State

KY

Zip Code

40601-4405

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
School Year Abroad

Occupation (for Individual)  
Study Abroad Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 26 / 2020

**Transaction ID : 35536**

Amount of Each Receipt this Period

150.00

☐ Memo Item

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 66 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2020

Transaction ID : 35536E

Amount of Each Receipt this Period

150.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Rosowski, Robert, B, ,**

Mailing Address 17839 Stonebrook Dr

City

Northville

State

MI

Zip Code

48168-4330

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2020

Transaction ID : 34312

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Russell, Jason, , ,**

Mailing Address 3021 Claremont Ave

City

Berkeley

State

CA

Zip Code

94705-2634

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2020

Transaction ID : 35708

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶

525.00

TOTAL This Period (last page this line number only).....▶

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 67 OF 141

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ACTBLUE**
Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		18		2020

**Transaction ID : 35708E**

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Russell, Jason, , ,**

Mailing Address 3021 Claremont Ave

City

Berkeley

State

CA

Zip Code

94705-2634

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		18		2020

**Transaction ID : 35722**

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ACTBLUE**
Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11		22		2020

**Transaction ID : 35722E**

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....▶

25.00

TOTAL This Period (last page this line number only).....▶

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sagely, Amy, , ,

Mailing Address 3207 W Seminole Dr

City  
RogersState  
ARZip Code  
72758-1346FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Northwest Arkansas Community CollegeOccupation (for Individual)  
Technology

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2020

Transaction ID : 34322

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Sanders, Nancy, , ,

Mailing Address 3665 Silver Plume Ln

City  
BoulderState  
COZip Code  
80305-7260FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 17 / 2020

Transaction ID : 35859

Amount of Each Receipt this Period

14.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ACTBLUE

Mailing Address 14 Arrow St  
Ste 11City  
CambridgeState  
MAZip Code  
02138-5106FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2020

Transaction ID : 35859E

Amount of Each Receipt this Period

14.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

314.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 69 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sanders, Nancy, , ,

Mailing Address 3665 Silver Plume Ln

City  
BoulderState  
COZip Code  
80305-7260FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

204.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 13 / 2020

Transaction ID : 35860

Amount of Each Receipt this Period

14.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ACTBLUE

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State

MA

Zip Code

02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 15 / 2020

Transaction ID : 35860E

Amount of Each Receipt this Period

14.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Santel, Tom, , ,

Mailing Address 139 Hawthorne Est

City

Saint Louis

State

MO

Zip Code

63131-3034

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Civic Progress, Inc.Occupation (for Individual)  
Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2020

Transaction ID : 34321

Amount of Each Receipt this Period

300.00

☐ Memo Item

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

314.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Sarafolean, Steven, R, ,

Mailing Address 870 Ashland Ave

City  
Saint PaulState  
MNZip Code  
55104-7065FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2020

Transaction ID : 36017

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Schiffman, Aaron, , ,

Mailing Address 6654 N Washtenaw Ave

City  
ChicagoState  
ILZip Code  
60645-5004FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not EmployedOccupation (for Individual)  
University Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 31 / 2020

Transaction ID : 35625

Amount of Each Receipt this Period

35.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ACTBLUE

Mailing Address 14 Arrow St  
Ste 11City  
CambridgeState  
MAZip Code  
02138-5106FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2020

Transaction ID : 35625E

Amount of Each Receipt this Period

35.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ►

235.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 71 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Schulman, Carrie, , ,

Mailing Address 124 Behrens St

City  
El Cerrito

State  
CA

Zip Code  
94530-3703

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Beghon Consulting

Occupation (for Individual)  
Consultant

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 13 / 2020

Transaction ID : 34302

Amount of Each Receipt this Period

3000.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Shane, Daniel, , ,

Mailing Address 89 Main St

City  
Ivoryton

State  
CT

Zip Code  
06442-1044

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Essex Asset Adviosrs

Occupation (for Individual)  
Investor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 26 / 2020

Transaction ID : 35525

Amount of Each Receipt this Period

250.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. ACTBLUE

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 01 / 2020

Transaction ID : 35525E

Amount of Each Receipt this Period

250.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 72 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Shanks, Gail, , ,**

Mailing Address 8201 Southlake Dr

City  
Lake Isabella

State  
CA

Zip Code  
93240-9174

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 15 / 2020

**Transaction ID : 34438**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Shanks, Gail, , ,**

Mailing Address 8201 Southlake Dr

City  
Lake Isabella

State  
CA

Zip Code  
93240-9174

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 05 / 2020

**Transaction ID : 34421**

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Shutz, Susanne, , ,**

Mailing Address 8101 Mission Rd  
Apt 225

City  
Prairie Vlg

State  
KS

Zip Code  
66208-5285

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 28 / 2020

**Transaction ID : 34326**

Amount of Each Receipt this Period

300.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Simpson, Michael, , ,**

Mailing Address 28 Blue Shutters Ln

City  
North Falmouth

State  
MA

Zip Code  
02556-3035

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 04 / 2020

**Transaction ID : 34354**

Amount of Each Receipt this Period

200.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sinclair, Peter, , ,**

Mailing Address PO Box 11998

City  
Zephyr Cove

State  
NV

Zip Code  
89448-3998

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2020

**Transaction ID : 34328**

Amount of Each Receipt this Period

300.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Sloter, Jolene, , ,**

Mailing Address 9112 Vendome Dr

City  
Bethesda

State  
MD

Zip Code  
20817-4021

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Self Employed

Occupation (for Individual)

Volunteer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 16 / 2020

**Transaction ID : 34343**

Amount of Each Receipt this Period

250.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 74 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Staunton, Clara, , ,

Mailing Address 800 Hiawatha Pl S  
Apt F

City  
Seattle

State  
WA

Zip Code  
98144-2826

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 09 / 2020

Transaction ID : 36092

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Stein, Marlene, , ,

Mailing Address PO Box 1779

City

Glen Ellen

State

CA

Zip Code

95442-1779

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 16 / 2020

Transaction ID : 36058

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Sullivan, Alicia, , ,

Mailing Address 5451 Grove Ridge Way

City

Rockville

State

MD

Zip Code

20852-4648

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

289.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2020

Transaction ID : 35666

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

325.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 75 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 18 / 2020

Transaction ID : 35666E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Sullivan, Alicia, , ,**

Mailing Address 5451 Grove Ridge Way

City  
Rockville

State  
MD

Zip Code  
20852-4648

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

289.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 18 / 2020

Transaction ID : 35668

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

**C** C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 22 / 2020

Transaction ID : 35668E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Swan Mack, Carolyn, , ,**

Mailing Address 5511 Skipjack Ct

City  
Waldorf

State  
MD

Zip Code  
20603-4289

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 09 / 2020

**Transaction ID : 34643**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Tardiff, Robert, , ,**

Mailing Address 93 Arnott Rd

City

Manchester

State

CT

Zip Code

06040-4528

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 28 / 2020

**Transaction ID : 34339**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Taylor, Beverly, , ,**

Mailing Address 2697 Northwoods Dr

City

Kokomo

State

IN

Zip Code

46901-0708

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 27 / 2020

**Transaction ID : 34457**

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

400.00

FOR LINE NUMBER: PAGE 77 OF 141  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20	<input type="checkbox"/> 21

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

FEC Schedule A (Form 3X) Rev. 06/2016

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 78 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Tolbert, Audrey, , ,

Mailing Address 870 S 1St St  
Apt 6

City  
Ann Arbor

State  
MI

Zip Code  
48103-5447

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University Of Michigan

Occupation (for Individual)  
Graduate Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

284.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 15 / 2020

Transaction ID : 35790

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. ACTBLUE

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
10 / 18 / 2020

Transaction ID : 35790E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Tolbert, Audrey, , ,

Mailing Address 870 S 1St St  
Apt 6

City  
Ann Arbor

State  
MI

Zip Code  
48103-5447

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
University Of Michigan

Occupation (for Individual)  
Graduate Student

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

284.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
11 / 15 / 2020

Transaction ID : 35791

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶

50.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 15 / 2020

Transaction ID : 35791E

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Trivers, Kathy, , ,**

Mailing Address 3775 Newport Bay Dr

City

Alpharetta

State

GA

Zip Code

30005-7823

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 20 / 2020

Transaction ID : 34402

Amount of Each Receipt this Period

100.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Trivers, Kathy, , ,**

Mailing Address 3775 Newport Bay Dr

City

Alpharetta

State

GA

Zip Code

30005-7823

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)  
Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 29 / 2020

Transaction ID : 34405

Amount of Each Receipt this Period

100.00

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

200.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 80 OF 141

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Truax, Richard, , ,</b>			Date of Receipt <div> <div>M M M / D D D / Y Y Y Y Y Y</div> <div>10 / 25 / 2020</div> </div>	
Mailing Address 958 Hood View Ct			<b>Transaction ID : 35603</b>	
City Hood River	State OR	Zip Code 97031-9746	Amount of Each Receipt this Period <div> <div>50.00</div> </div>	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) RSEC Environmental & Engineering Consu		Occupation (for Individual) Engineer		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>210.00</div> </div>		

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. ACTBLUE</b>			Date of Receipt <div> <div>M M M / D D D / Y Y Y Y Y Y</div> <div>10 / 25 / 2020</div> </div>	
Mailing Address 14 Arrow St Ste 11			<b>Transaction ID : 35603E</b>	
City Cambridge	State MA	Zip Code 02138-5106	Amount of Each Receipt this Period <div> <div>50.00</div> </div>	
FEC ID number of contributing federal political committee. C C00401224			<input checked="" type="checkbox"/> Memo Item	
Name of Employer (for Individual)		Occupation (for Individual) Conduit total listed in Agg. field		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <div> <div>19295.10</div> </div>		

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Turner, Earl, , ,</b>			Date of Receipt <div> <div>M M M / D D D / Y Y Y Y Y Y</div> <div>10 / 16 / 2020</div> </div>	
Mailing Address 1809 Loch Berry Rd			<b>Transaction ID : 34325</b>	
City Winter Park	State FL	Zip Code 32789-5223	Amount of Each Receipt this Period <div> <div>300.00</div> </div>	
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item	
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Retired		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ <div> <div>300.00</div> </div>		

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00



# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 81 OF 141

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

<b>A. Vail, Robert, F., ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y Y 11 / 17 / 2020</div> </div> <b>Transaction ID : 36015</b>		
Mailing Address 2445 Brentwood Rd NW			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>		
City Canton	State OH	Zip Code 44708-1303	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">1000.00</div>		
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>B. Vaughn, Linda, , ,</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y Y 10 / 28 / 2020</div> </div> <b>Transaction ID : 35521</b>		
Mailing Address 3303 Dartmoor Dr			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>		
City Tallahassee	State FL	Zip Code 32312-1448	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C</span>			Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">550.00</div>		
Name of Employer (for Individual) Not Employed		Occupation (for Individual) Not Employed	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
<b>C. ACTBLUE</b> Full Name of Individual (Last, First, Middle Initial) or Full Organization Name			Date of Receipt <div style="display: flex; justify-content: space-around;"> <div>M M / D D / Y Y Y Y Y Y 11 / 01 / 2020</div> </div> <b>Transaction ID : 35521E</b>		
Mailing Address 14 Arrow St Ste 11			Amount of Each Receipt this Period <div style="border: 1px solid black; padding: 2px; text-align: right;">500.00</div>		
City Cambridge	State MA	Zip Code 02138-5106	<input checked="" type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. <span style="border: 1px solid black; padding: 2px;">C C00401224</span>			Note: Above Contribution earmarked through this organization.		
Name of Employer (for Individual)		Occupation (for Individual) Conduit total listed in Agg. field	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
Aggregate Year-to-Date ▼ <div style="border: 1px solid black; padding: 2px; text-align: right;">19295.10</div>			SUBTOTAL of Receipts This Page (optional)..... ▶		
TOTAL This Period (last page this line number only)..... ▶			<div style="border: 1px solid black; padding: 2px; text-align: right;">1500.00</div>		

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Walton, Emily, , ,**

Mailing Address 105 Arlington Rd

City  
Paoli

State  
PA

Zip Code  
19301-1101

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Phoenixville Hospital

Occupation (for Individual)  
Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 26 / 2020

**Transaction ID : 35531**

Amount of Each Receipt this Period

250.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City

Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C C00401224

Name of Employer (for Individual)

Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 01 / 2020

**Transaction ID : 35531E**

Amount of Each Receipt this Period

250.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. Weatherman, Lisa, , ,**

Mailing Address 2724 Colanthe Ave

City

Las Vegas

State  
NV

Zip Code  
89102-2060

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)  
Sales

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 30 / 2020

**Transaction ID : 35607**

Amount of Each Receipt this Period

50.00

☐ Memo Item

\* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 83 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 01 / 2020

Transaction ID : 35607E

Amount of Each Receipt this Period

50.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Weston-Truby, Verity, , ,**

Mailing Address 4821 Manor Ln

City

Ellicott City

State

MD

Zip Code

21042-6119

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Self Employed

Occupation (for Individual)

Philanthropist

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 16 / 2020

Transaction ID : 34318

Amount of Each Receipt this Period

500.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. Wilson, Caroline, , ,**

Mailing Address 3508 Charring Cross Dr

City

Stow

State

OH

Zip Code

44224-4605

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Not Employed

Occupation (for Individual)

Not Employed

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y  
11 / 12 / 2020

Transaction ID : 35669

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....▶

525.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **A. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 15 / 2020

**Transaction ID : 35669E**

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **B. Winsberg, Felipe, , ,**

Mailing Address 316 13Th Ave E  
Apt 302

City  
Seattle

State  
WA

Zip Code  
98102-5850

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
Palantir

Occupation (for Individual)  
Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 06 / 2020

**Transaction ID : 35752**

Amount of Each Receipt this Period

25.00

☐ Memo Item

\* Earmarked Contribution: See Below

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

## **C. ACTBLUE**

Mailing Address 14 Arrow St  
Ste 11

City  
Cambridge

State  
MA

Zip Code  
02138-5106

FEC ID number of contributing  
federal political committee.

C

C00401224

Name of Employer (for Individual)

Occupation (for Individual)

Conduit total listed in Agg. field

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

19295.10

Date of Receipt

M M / D D / Y Y Y Y Y Y  
11 / 08 / 2020

**Transaction ID : 35752E**

Amount of Each Receipt this Period

25.00

☒ Memo Item

Note: Above Contribution earmarked through this organization.

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

25.00

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 85 OF 141

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. Wisgowski, Eugene, , ,**

Mailing Address 1224 Walnut St

City  
PeruState  
ILZip Code  
61354-2856FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Not Employed

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 26 / 2020

Transaction ID : 34389

Amount of Each Receipt this Period

120.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. Zwilling, Marc, , ,**

Mailing Address 5506 Cornish Rd

City

Bethesda

State

MD

Zip Code

20814-1008

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

ZwillGen

Occupation (for Individual)

Founder

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
10 / 15 / 2020

Transaction ID : 34344

Amount of Each Receipt this Period

250.00

☐ Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Occupation (for Individual)

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ►

370.00

**TOTAL** This Period (last page this line number only)..... ►

1657441.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 86 OF 141

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	8			2	0	2	0		

FEC Identification Number

C

Transaction ID : 500001093

Amount of Each Disbursement this Period

6	1	.	1	5															
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☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	5			2	0	2	0		

FEC Identification Number

C

Transaction ID : 500001094

Amount of Each Disbursement this Period

1	0	6	.	7	6														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	1			2	0	2	0		

FEC Identification Number

C

Transaction ID : 500001095

Amount of Each Disbursement this Period

3	1	5	.	2	9														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4	8	3	.	2	0														
---	---	---	---	---	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 87 OF 141

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	3			2	0	2	0		

FEC Identification Number

C

Transaction ID : 500001096

Amount of Each Disbursement this Period

14.19

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	8			2	0	2	0		

FEC Identification Number

C

Transaction ID : 500001097

Amount of Each Disbursement this Period

62.39

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. ActBlue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	5			2	0	2	0		

FEC Identification Number

C

Transaction ID : 500001098

Amount of Each Disbursement this Period

17.08

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

93.66

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 88 OF 141

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	2	2		2	0	2	0		

FEC Identification Number

C

Transaction ID : 500001099

Amount of Each Disbursement this Period

166.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. ActBlue Technical Services**

Mailing Address PO Box 441146

City  
West SomervilleState  
MAZip Code  
02144-0031Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	2	2		2	0	2	0		

FEC Identification Number

C

Transaction ID : 500001100

Amount of Each Disbursement this Period

6.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Authorize.Net**

Mailing Address PO Box 947

City  
American ForkState  
UTZip Code  
84003-0947Purpose of Disbursement  
Credit Card Fees

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		2	3	3		2	0	2	0		

FEC Identification Number

C

Transaction ID : 500001091

Amount of Each Disbursement this Period

49.95

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

223.54



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 89 OF 141

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. Bank Of America**

Mailing Address 100 N Tryon St

City  
CharlotteState  
NCZip Code  
28202-4000Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			02			20	20		

FEC Identification Number

C

Transaction ID : 500001043

Amount of Each Disbursement this Period

19.95

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bank Of America**

Mailing Address 100 N Tryon St

City  
CharlotteState  
NCZip Code  
28202-4000Purpose of Disbursement  
Bank Fee

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			16			20	20		

FEC Identification Number

C

Transaction ID : 500001042

Amount of Each Disbursement this Period

1147.72

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Blue Wave Political Partners, LLC**Mailing Address 401 2Nd Ave S  
Ste 303City  
SeattleState  
WAZip Code  
98104-2862Purpose of Disbursement  
Compliance Consulting

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			30			20	20		

FEC Identification Number

C

Transaction ID : 500001044

Amount of Each Disbursement this Period

11250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12417.67

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 90 OF 141

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. Bully Pulpit Interactive, LLC**Mailing Address 1445 New York Ave NW  
FI 5City  
WashingtonState  
DCZip Code  
20005-2267Purpose of Disbursement  
Media Production: Not Disseminated

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2020			

FEC Identification Number

C

Transaction ID : 500001046

Amount of Each Disbursement this Period

10850.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Civis Analytics**Mailing Address 200 W Monroe St  
Ste 2200City  
ChicagoState  
ILZip Code  
60606-5070Purpose of Disbursement  
Data Analytics Services

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2020			

FEC Identification Number

C

Transaction ID : 500001048

Amount of Each Disbursement this Period

1537.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. CT Corporation**

Mailing Address PO Box 4349

City  
Carol StreamState  
ILZip Code  
60197-4349Purpose of Disbursement  
Registered Agent Services

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2020			

FEC Identification Number

C

Transaction ID : 500001049

Amount of Each Disbursement this Period

329.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

12716.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 91 OF 141

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. Everytown For Gun Safety Action Fund**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			22			2020			

Mailing Address 909 3Rd Ave  
FI 15City  
New YorkState  
NYZip Code  
10022-4745Purpose of Disbursement  
Staff Time, Overhead, Database Services, Fundraising Consulting

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 500001071

Amount of Each Disbursement this Period

145670.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Everytown For Gun Safety Action Fund**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2020			

Mailing Address 909 3Rd Ave  
FI 15City  
New YorkState  
NYZip Code  
10022-4745Purpose of Disbursement  
In-Kind Received: Staff Time, Overhead, Database Services, Fundraising Consulting

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 500001168

Amount of Each Disbursement this Period

133779.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. JBW Consulting**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2020			

Mailing Address 601 E 20Th St  
Apt 10FCity  
New YorkState  
NYZip Code  
10010-7636Purpose of Disbursement  
Fundraising Consulting

003

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 500001070

Amount of Each Disbursement this Period

1029.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

280478.07

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 92 OF 141

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. Merkle Response Services**

Mailing Address 100 Jamison Ct

City  
HagerstownState  
MDZip Code  
21740-5185Purpose of Disbursement  
Mail Processing Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				15				2020					

FEC Identification Number

C

**Transaction ID : 500001072**

Amount of Each Disbursement this Period

4139.87

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Merkle Response Services**

Mailing Address 100 Jamison Ct

City  
HagerstownState  
MDZip Code  
21740-5185Purpose of Disbursement  
Mail Processing Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				22				2020					

FEC Identification Number

C

**Transaction ID : 500001073**

Amount of Each Disbursement this Period

20000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Merkle Response Services**

Mailing Address 100 Jamison Ct

City  
HagerstownState  
MDZip Code  
21740-5185Purpose of Disbursement  
Mail Processing Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				10				2020					

FEC Identification Number

C

**Transaction ID : 500001074**

Amount of Each Disbursement this Period

4000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

28139.87

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 93 OF 141

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. Merkle Response Services**

Mailing Address 100 Jamison Ct

City  
HagerstownState  
MDZip Code  
21740-5185Purpose of Disbursement  
Mail Processing Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	0			2	0	2	0		

FEC Identification Number

C

Transaction ID : 500001075

Amount of Each Disbursement this Period

965.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Merkle Response Services**

Mailing Address 100 Jamison Ct

City  
HagerstownState  
MDZip Code  
21740-5185Purpose of Disbursement  
Mail Processing Fee

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1	1		1	0			2	0	2	0		

FEC Identification Number

C

Transaction ID : 500001076

Amount of Each Disbursement this Period

2564.09

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. MVAR Media LLC**Mailing Address 1421 Prince St  
Ste 320City  
AlexandriaState  
VAZip Code  
22314-2805Purpose of Disbursement  
Media Production - Not Independent Expenditure

001

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	0			2	0	2	0		

FEC Identification Number

C

Transaction ID : 500001078

Amount of Each Disbursement this Period

37544.18

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

41073.27

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 94 OF 141

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. MVAR Media LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	1			2	0	2	0		

Mailing Address 1421 Prince St  
Ste 320City  
AlexandriaState  
VAZip Code  
22314-2805Purpose of Disbursement  
Media Production - Not Independent Expenditure

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 500001077

Amount of Each Disbursement this Period

7000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. MVAR Media LLC**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	2	0		

Mailing Address 1421 Prince St  
Ste 320City  
AlexandriaState  
VAZip Code  
22314-2805Purpose of Disbursement  
Media Production - Not Independent Expenditure

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 500001079

Amount of Each Disbursement this Period

700.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. NGP Van**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			1	0			2	0	2	0		

Mailing Address 1445 New York Ave NW  
Ste 200City  
WashingtonState  
DCZip Code  
20005-2158Purpose of Disbursement  
Software Rental

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 500001081

Amount of Each Disbursement this Period

2083.80

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9783.80

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. NGP Van**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			10			2020					

Mailing Address 1445 New York Ave NW  
Ste 200City  
WashingtonState  
DCZip Code  
20005-2158Purpose of Disbursement  
Software Rental

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

**Transaction ID : 500001082**

Amount of Each Disbursement this Period

2083.80

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. NGP Van**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			10			2020					

Mailing Address 1445 New York Ave NW  
Ste 200City  
WashingtonState  
DCZip Code  
20005-2158Purpose of Disbursement  
Software Rental

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

**Transaction ID : 500001083**

Amount of Each Disbursement this Period

2819.75

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. NGP Van**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
11			10			2020					

Mailing Address 1445 New York Ave NW  
Ste 200City  
WashingtonState  
DCZip Code  
20005-2158Purpose of Disbursement  
Software Rental

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

**Transaction ID : 500001084**

Amount of Each Disbursement this Period

2177.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7081.05

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 96 OF 141

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. NGP Van**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	0		2	0	2	0		

Mailing Address 1445 New York Ave NW  
Ste 200City  
WashingtonState  
DCZip Code  
20005-2158Purpose of Disbursement  
Software Rental

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 500001085

Amount of Each Disbursement this Period

2177.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. O'Brien Garrett**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	2		2	0	2	0		

Mailing Address 1133 19Th St NW  
Ste 300City  
WashingtonState  
DCZip Code  
20036-3610Purpose of Disbursement  
Fundraising Consulting

003

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 500001086

Amount of Each Disbursement this Period

6325.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Presta, Lisa, , ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		1	0		2	0	2	0		

Mailing Address 163 Forest Side Ave

City  
San FranciscoState  
CAZip Code  
94127-1315Purpose of Disbursement  
Fundraising Consulting

003

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 500001026

Amount of Each Disbursement this Period

2800.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

11302.50

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 97 OF 141

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. The Spoken Hub**

Mailing Address PO Box 615

City  
ManhassetState  
NYZip Code  
11030-0615

Purpose of Disbursement

Phone Minutes: IE Paid 9/30/20; See Schedule E

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2020			

FEC Identification Number

**C****Transaction ID : 500001144**

Amount of Each Disbursement this Period

- 612.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Spoken Hub**

Mailing Address PO Box 615

City  
ManhassetState  
NYZip Code  
11030-0615

Purpose of Disbursement

Phone Minutes: IE Paid 9/30/20; See Schedule E

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2020			

FEC Identification Number

**C****Transaction ID : 500001145**

Amount of Each Disbursement this Period

- 612.32

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. The Spoken Hub**

Mailing Address PO Box 615

City  
ManhassetState  
NYZip Code  
11030-0615

Purpose of Disbursement

Phone Minutes: IE Paid 9/30/20; See Schedule E

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2020			

FEC Identification Number

**C****Transaction ID : 500001146**

Amount of Each Disbursement this Period

- 11.19

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 1235.83

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 98 OF 141

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. The Spoken Hub**

Mailing Address PO Box 615

City  
ManhassetState  
NYZip Code  
11030-0615Purpose of Disbursement  
Pre-Payment of Phone Minutes

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2020			

FEC Identification Number

C

Transaction ID : 500001087

Amount of Each Disbursement this Period

5424.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Spoken Hub**

Mailing Address PO Box 615

City  
ManhassetState  
NYZip Code  
11030-0615Purpose of Disbursement  
Pre-Payment of Phone Minutes

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2020			

FEC Identification Number

C

Transaction ID : 500001103

Amount of Each Disbursement this Period

3200.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. The Spoken Hub**

Mailing Address PO Box 615

City  
ManhassetState  
NYZip Code  
11030-0615Purpose of Disbursement  
Phone Minutes: IE Paid 9/22/20; See Schedule E

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2020			

FEC Identification Number

C

Transaction ID : 500001147

Amount of Each Disbursement this Period

- 23.68

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

8600.32

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. The Spoken Hub**

Mailing Address PO Box 615

City  
ManhassetState  
NYZip Code  
11030-0615

Purpose of Disbursement

Phone Minutes: IE Paid 9/22/20; See Schedule E

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	2	0		

FEC Identification Number

**C****Transaction ID : 500001148**

Amount of Each Disbursement this Period

- 144.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Spoken Hub**

Mailing Address PO Box 615

City  
ManhassetState  
NYZip Code  
11030-0615

Purpose of Disbursement

Phone Minutes: IE Paid 9/22/20; See Schedule E

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	2	0		

FEC Identification Number

**C****Transaction ID : 500001149**

Amount of Each Disbursement this Period

- 156.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. The Spoken Hub**

Mailing Address PO Box 615

City  
ManhassetState  
NYZip Code  
11030-0615

Purpose of Disbursement

Phone Minutes: IE Paid 9/22/20; See Schedule E

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	2	0		

FEC Identification Number

**C****Transaction ID : 500001150**

Amount of Each Disbursement this Period

- 151.64

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 452.40

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 100 OF 141

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. The Spoken Hub**

Mailing Address PO Box 615

City  
ManhassetState  
NYZip Code  
11030-0615

Purpose of Disbursement

Phone Minutes: IE Paid 9/22/20; See Schedule E

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	2	0		

FEC Identification Number

**C****Transaction ID : 500001151**

Amount of Each Disbursement this Period

- 165.59

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Spoken Hub**

Mailing Address PO Box 615

City  
ManhassetState  
NYZip Code  
11030-0615

Purpose of Disbursement

Phone Minutes: IE Paid 9/22/20; See Schedule E

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	2	0		

FEC Identification Number

**C****Transaction ID : 500001152**

Amount of Each Disbursement this Period

- 23.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. The Spoken Hub**

Mailing Address PO Box 615

City  
ManhassetState  
NYZip Code  
11030-0615

Purpose of Disbursement

Phone Minutes: IE Paid 9/22/20; See Schedule E

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	2	0		

FEC Identification Number

**C****Transaction ID : 500001153**

Amount of Each Disbursement this Period

- 151.64

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 340.91

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 101 OF 141

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. The Spoken Hub**

Mailing Address PO Box 615

City  
ManhassetState  
NYZip Code  
11030-0615

Purpose of Disbursement

Phone Minutes: IE Paid 9/22/20; See Schedule E

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	2	0		

FEC Identification Number

**C****Transaction ID : 500001154**

Amount of Each Disbursement this Period

- 23.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Spoken Hub**

Mailing Address PO Box 615

City  
ManhassetState  
NYZip Code  
11030-0615

Purpose of Disbursement

Phone Minutes: IE Paid 9/22/20; See Schedule E

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	2	0		

FEC Identification Number

**C****Transaction ID : 500001155**

Amount of Each Disbursement this Period

- 156.60

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. The Spoken Hub**

Mailing Address PO Box 615

City  
ManhassetState  
NYZip Code  
11030-0615

Purpose of Disbursement

Phone Minutes: IE Paid 9/22/20; See Schedule E

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	2	0		

FEC Identification Number

**C****Transaction ID : 500001156**

Amount of Each Disbursement this Period

- 58.28

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 238.56

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 102 OF 141

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. The Spoken Hub**

Mailing Address PO Box 615

City  
ManhassetState  
NYZip Code  
11030-0615

Purpose of Disbursement

Phone Minutes: IE Paid 9/22/20; See Schedule E

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2020			

FEC Identification Number

**C****Transaction ID : 500001157**

Amount of Each Disbursement this Period

- 23.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Spoken Hub**

Mailing Address PO Box 615

City  
ManhassetState  
NYZip Code  
11030-0615

Purpose of Disbursement

Phone Minutes: IE Paid 9/22/20; See Schedule E

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2020			

FEC Identification Number

**C****Transaction ID : 500001158**

Amount of Each Disbursement this Period

- 23.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. The Spoken Hub**

Mailing Address PO Box 615

City  
ManhassetState  
NYZip Code  
11030-0615

Purpose of Disbursement

Phone Minutes: IE Paid 9/22/20; See Schedule E

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			26			2020			

FEC Identification Number

**C****Transaction ID : 500001159**

Amount of Each Disbursement this Period

- 23.68

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 71.04

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 103 OF 141

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. The Spoken Hub**

Mailing Address PO Box 615

City  
ManhassetState  
NYZip Code  
11030-0615

Purpose of Disbursement

Phone Minutes: IE Paid 9/22/20; See Schedule E

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	2	0		

FEC Identification Number

**C****Transaction ID : 500001160**

Amount of Each Disbursement this Period

- 23.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Spoken Hub**

Mailing Address PO Box 615

City  
ManhassetState  
NYZip Code  
11030-0615

Purpose of Disbursement

Phone Minutes: IE Paid 9/22/20; See Schedule E

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	2	0		

FEC Identification Number

**C****Transaction ID : 500001161**

Amount of Each Disbursement this Period

- 23.68

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. The Spoken Hub**

Mailing Address PO Box 615

City  
ManhassetState  
NYZip Code  
11030-0615

Purpose of Disbursement

Phone Minutes: IE Paid 9/22/20; See Schedule E

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	2	0		

FEC Identification Number

**C****Transaction ID : 500001162**

Amount of Each Disbursement this Period

- 165.60

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 212.96

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 104 OF 141

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. The Spoken Hub**

Mailing Address PO Box 615

City  
ManhassetState  
NYZip Code  
11030-0615

Purpose of Disbursement

Phone Minutes: IE Paid 9/22/20; See Schedule E

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	2	0		

FEC Identification Number

**C****Transaction ID : 500001163**

Amount of Each Disbursement this Period

- 173.43

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Spoken Hub**

Mailing Address PO Box 615

City  
ManhassetState  
NYZip Code  
11030-0615

Purpose of Disbursement

Phone Minutes: IE Paid 9/22/20; See Schedule E

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	2	0		

FEC Identification Number

**C****Transaction ID : 500001164**

Amount of Each Disbursement this Period

- 144.16

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. The Spoken Hub**

Mailing Address PO Box 615

City  
ManhassetState  
NYZip Code  
11030-0615

Purpose of Disbursement

Phone Minutes: IE Paid 9/30/20; See Schedule E

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	2	0		

FEC Identification Number

**C****Transaction ID : 500001165**

Amount of Each Disbursement this Period

- 234.84

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 552.43



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 105 OF 141

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. The Spoken Hub**

Mailing Address PO Box 615

City  
ManhassetState  
NYZip Code  
11030-0615

Purpose of Disbursement

Phone Minutes: IE Paid 9/30/20; See Schedule E

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				26				2020					

FEC Identification Number

**C****Transaction ID : 500001166**

Amount of Each Disbursement this Period

- 176.56

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. The Spoken Hub**

Mailing Address PO Box 615

City  
ManhassetState  
NYZip Code  
11030-0615

Purpose of Disbursement

Phone Minutes: IE Paid 9/30/20; See Schedule E

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				26				2020					

FEC Identification Number

**C****Transaction ID : 500001167**

Amount of Each Disbursement this Period

- 386.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Vantiv**

Mailing Address 8500 Governors Hill Dr

City  
Symmes TwpState  
OHZip Code  
45249-1384

Purpose of Disbursement

Credit Card Fees

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
11				23				2020					

FEC Identification Number

**C****Transaction ID : 500001092**

Amount of Each Disbursement this Period

515.90

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

- 47.16

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 106 OF 141

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. Venable LLP**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			10			2020			

Mailing Address 750 E Pratt St  
Ste 900City  
BaltimoreState  
MDZip Code  
21202-3157Purpose of Disbursement  
Legal Consulting

001

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 500001088

Amount of Each Disbursement this Period

16118.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Waterfront Strategies**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2020			

Mailing Address 3030 K St NW  
Ste 100City  
WashingtonState  
DCZip Code  
20007-5104Purpose of Disbursement  
T.V. Advertising Buy - Not Independent Expenditure

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 500001089

Amount of Each Disbursement this Period

94765.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

110883.00

**TOTAL** This Period (last page this line number only)..... ►

520124.66

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 107 OF 141

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. Cain, Bernest, , ,**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
1	1		0	1		2	0	2	0		

Mailing Address 201 Edgemere Ct

City  
Oklahoma CityState  
OKZip Code  
73118-8623Purpose of Disbursement  
Contribution Refund

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C****Transaction ID : 500001028**

Amount of Each Disbursement this Period

250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

**C**

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

250.00

**TOTAL** This Period (last page this line number only).....▶

250.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 108 OF 141

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. Bully Pulpit Interactive, LLC**Mailing Address 1445 New York Ave NW  
FI 5City  
WashingtonState  
DCZip Code  
20005-2267Purpose of Disbursement  
Non-Federal Digital Advertising

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	0			2	0				

FEC Identification Number

C

Transaction ID : 500001045

Amount of Each Disbursement this Period

821430.23

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Bully Pulpit Interactive, LLC**Mailing Address 1445 New York Ave NW  
FI 5City  
WashingtonState  
DCZip Code  
20005-2267Purpose of Disbursement  
Non-Federal Media Production

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	3			2	0				

FEC Identification Number

C

Transaction ID : 500001047

Amount of Each Disbursement this Period

1250.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Deliver Strategies**

Mailing Address PO Box 100970

City  
ArlingtonState  
VAZip Code  
22210-3970Purpose of Disbursement  
Non-Federal Direct Mail Advertising

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	9			2	0				

FEC Identification Number

C

Transaction ID : 500001051

Amount of Each Disbursement this Period

12660.28

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

835340.51

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 109 OF 141

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. Deliver Strategies**

Mailing Address PO Box 100970

City  
ArlingtonState  
VAZip Code  
22210-3970Purpose of Disbursement  
Non-Federal Direct Mail Advertising

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	9			2	0	2	0		

FEC Identification Number

C

**Transaction ID : 500001052**

Amount of Each Disbursement this Period

12865.91

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Deliver Strategies**

Mailing Address PO Box 100970

City  
ArlingtonState  
VAZip Code  
22210-3970Purpose of Disbursement  
Non-Federal Direct Mail Advertising

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	9			2	0	2	0		

FEC Identification Number

C

**Transaction ID : 500001054**

Amount of Each Disbursement this Period

35904.69

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Deliver Strategies**

Mailing Address PO Box 100970

City  
ArlingtonState  
VAZip Code  
22210-3970Purpose of Disbursement  
Non-Federal Direct Mail Advertising

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	9			2	0	2	0		

FEC Identification Number

C

**Transaction ID : 500001055**

Amount of Each Disbursement this Period

20453.54

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

69224.14

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 110 OF 141

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. Deliver Strategies**

Mailing Address PO Box 100970

City  
ArlingtonState  
VAZip Code  
22210-3970Purpose of Disbursement  
Non-Federal Direct Mail Advertising

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2020

FEC Identification Number

C

**Transaction ID : 500001056**

Amount of Each Disbursement this Period

21364.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Deliver Strategies**

Mailing Address PO Box 100970

City  
ArlingtonState  
VAZip Code  
22210-3970Purpose of Disbursement  
Non-Federal Direct Mail Advertising

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		19		2020

FEC Identification Number

C

**Transaction ID : 500001057**

Amount of Each Disbursement this Period

20709.62

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Deliver Strategies**

Mailing Address PO Box 100970

City  
ArlingtonState  
VAZip Code  
22210-3970Purpose of Disbursement  
Non-Federal Direct Mail Advertising

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		20		2020

FEC Identification Number

C

**Transaction ID : 500001053**

Amount of Each Disbursement this Period

34904.18

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

76978.79

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 111 OF 141

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. Deliver Strategies**

Mailing Address PO Box 100970

City  
ArlingtonState  
VAZip Code  
22210-3970Purpose of Disbursement  
Non-Federal Direct Mail Advertising

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				21				2020					

FEC Identification Number

C

Transaction ID : 500001058

Amount of Each Disbursement this Period

9775.44

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Deliver Strategies**

Mailing Address PO Box 100970

City  
ArlingtonState  
VAZip Code  
22210-3970Purpose of Disbursement  
Non-Federal Direct Mail Advertising

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				21				2020					

FEC Identification Number

C

Transaction ID : 500001059

Amount of Each Disbursement this Period

22886.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Deliver Strategies**

Mailing Address PO Box 100970

City  
ArlingtonState  
VAZip Code  
22210-3970Purpose of Disbursement  
Non-Federal Direct Mail Advertising

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
10				21				2020					

FEC Identification Number

C

Transaction ID : 500001060

Amount of Each Disbursement this Period

2750.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

35412.36

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 112 OF 141

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. Deliver Strategies**

Mailing Address PO Box 100970

City  
ArlingtonState  
VAZip Code  
22210-3970Purpose of Disbursement  
Non-Federal Direct Mail Advertising

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	1			2	0	2	0		

FEC Identification Number

C

Transaction ID : 500001061

Amount of Each Disbursement this Period

23102.11

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Deliver Strategies**

Mailing Address PO Box 100970

City  
ArlingtonState  
VAZip Code  
22210-3970Purpose of Disbursement  
Non-Federal Direct Mail Advertising

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	2	0		

FEC Identification Number

C

Transaction ID : 500001062

Amount of Each Disbursement this Period

8230.77

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Deliver Strategies**

Mailing Address PO Box 100970

City  
ArlingtonState  
VAZip Code  
22210-3970Purpose of Disbursement  
Non-Federal Direct Mail Advertising

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	2	0		

FEC Identification Number

C

Transaction ID : 500001063

Amount of Each Disbursement this Period

32582.86

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

63915.74

**TOTAL** This Period (last page this line number only)..... ►



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 113 OF 141

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. Deliver Strategies**

Mailing Address PO Box 100970

City  
ArlingtonState  
VAZip Code  
22210-3970Purpose of Disbursement  
Non-Federal Direct Mail Advertising

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	2	0		

FEC Identification Number

C

**Transaction ID : 500001064**

Amount of Each Disbursement this Period

10037.67

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Deliver Strategies**

Mailing Address PO Box 100970

City  
ArlingtonState  
VAZip Code  
22210-3970Purpose of Disbursement  
Non-Federal Direct Mail Advertising

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	6			2	0	2	0		

FEC Identification Number

C

**Transaction ID : 500001065**

Amount of Each Disbursement this Period

21110.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Deliver Strategies**

Mailing Address PO Box 100970

City  
ArlingtonState  
VAZip Code  
22210-3970Purpose of Disbursement  
Non-Federal Direct Mail Advertising

004

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			2	9			2	0	2	0		

FEC Identification Number

C

**Transaction ID : 500001050**

Amount of Each Disbursement this Period

11862.50

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

43010.41

**TOTAL** This Period (last page this line number only).....▶

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 114 OF 141

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. Democratic Attorneys General Association**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2020			

Mailing Address 1350 I St NW  
Ste 300City  
WashingtonState  
DCZip Code  
20005-3377Purpose of Disbursement  
Non-Federal Political Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 500001067

Amount of Each Disbursement this Period

50000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Democratic Governors Association**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2020			

Mailing Address 1225 I St NW  
Ste 1100City  
WashingtonState  
DCZip Code  
20005-3914Purpose of Disbursement  
Non-Federal Political Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 500001066

Amount of Each Disbursement this Period

100000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Democratic Lieutenant Governors Association**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			19			2020			

Mailing Address 1090 Vermont Ave NW  
Ste 750City  
WashingtonState  
DCZip Code  
20005-4970Purpose of Disbursement  
Non-Federal Political Contribution

011

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

Transaction ID : 500001069

Amount of Each Disbursement this Period

50000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

200000.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 115 OF 141

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. Democratic Party Of Virginia**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2020

Mailing Address 919 E Main St  
Ste 2050City  
RichmondState  
VAZip Code  
23219-0025Purpose of Disbursement  
Non-Federal Political Contribution

011

Category/  
Type

Candidate Name

**Democratic Party Of Virginia**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00155952

**Transaction ID : 500001068**

Amount of Each Disbursement this Period

25000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Indo American News**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2020

Mailing Address 7457 Harwin Dr  
Ste 212City  
HoustonState  
TXZip Code  
77036-2024Purpose of Disbursement  
Newspaper Advertising: Not Independent Expenditure

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C

**Transaction ID : 500001102**

Amount of Each Disbursement this Period

3000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Nevada State Democratic Party**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		23		2020

Mailing Address 2320 Paseo Del Prado  
Ste B107City  
Las VegasState  
NVZip Code  
89102-4394Purpose of Disbursement  
Non-Federal Political Contribution

011

Category/  
Type

Candidate Name

**Nevada State Democratic Party**Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

FEC Identification Number

C C00208991

**Transaction ID : 500001080**

Amount of Each Disbursement this Period

50000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

78000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 116 OF 141

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

Full Name (Last, First, Middle Initial)

**A. Resonance Campaigns**

Mailing Address 913 Florida Ave NW

City  
WashingtonState  
DCZip Code  
20001-4001Purpose of Disbursement  
Non-Federal Direct Mail Advertising

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	5			2	0	2	0		

FEC Identification Number

C

Transaction ID : 500001101

Amount of Each Disbursement this Period

62629.99

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Wildfire Contact**Mailing Address 290 Broadway  
Ste 132City  
MethuenState  
MAZip Code  
01844-6827Purpose of Disbursement  
Non-Federal Direct Mail Advertising

004

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	9			2	0	2	0		

FEC Identification Number

C

Transaction ID : 500001090

Amount of Each Disbursement this Period

117907.92

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►

180537.91

**TOTAL** This Period (last page this line number only)..... ►

1582419.86

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 117 OF 141

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Aon Risk Services**Nature of Debt (Purpose):  
InsuranceMailing Address 165 Broadway  
Ste 3201City  
New YorkState  
NYZip Code  
10006-1404

Outstanding Balance Beginning This Period

0.00

**Transaction ID : 1250000015**

Amount Incurred This Period

1230.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1230.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Aon Risk Services**Nature of Debt (Purpose):  
InsuranceMailing Address 165 Broadway  
Ste 3201City  
New YorkState  
NYZip Code  
10006-1404

Outstanding Balance Beginning This Period

0.00

**Transaction ID : 1250000016**

Amount Incurred This Period

33319.61

Payment This Period

0.00

Outstanding Balance at Close of This Period

33319.61

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Geller Advisors**Nature of Debt (Purpose):  
Financial Advisory ServicesMailing Address 909 3Rd Ave  
Fl 16City  
New YorkState  
NYZip Code  
10022-4797

Outstanding Balance Beginning This Period

0.00

**Transaction ID : 1250000017**

Amount Incurred This Period

64650.70

Payment This Period

0.00

Outstanding Balance at Close of This Period

64650.70

1) **SUBTOTALS** This Period This Page (optional)..... ►

99200.31

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 118 OF 141

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Global Strategy Group**Nature of Debt (Purpose):  
Media ConsultingMailing Address 215 Park Ave S  
Fl 15City  
New YorkState  
NYZip Code  
10003-1612

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000018

Amount Incurred This Period

5000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

5000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**NGP Van**Nature of Debt (Purpose):  
Software RentalMailing Address 1445 New York Ave NW  
Ste 200City  
WashingtonState  
DCZip Code  
20005-2158

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000019

Amount Incurred This Period

2219.75

Payment This Period

0.00

Outstanding Balance at Close of This Period

2219.75

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**O'Brien Garrett**Nature of Debt (Purpose):  
Direct Mail Advertising: Printing & DesignMailing Address 1133 19Th St NW  
Ste 300City  
WashingtonState  
DCZip Code  
20036-3610

Outstanding Balance Beginning This Period

14709.34

Transaction ID : 1250000008

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

14709.34

1) **SUBTOTALS** This Period This Page (optional)..... ►

21929.09

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 119 OF 141

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**O'Brien Garrett**

Nature of Debt (Purpose):

Direct Mail Advertising: Printing &amp; Design

Mailing Address 1133 19Th St NW  
Ste 300City  
WashingtonState  
DCZip Code  
20036-3610

Outstanding Balance Beginning This Period

13946.70

Transaction ID : 1250000009

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

13946.70

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**O'Brien Garrett**

Nature of Debt (Purpose):

Direct Mail Advertising: Printing &amp; Design

Mailing Address 1133 19Th St NW  
Ste 300City  
WashingtonState  
DCZip Code  
20036-3610

Outstanding Balance Beginning This Period

17062.99

Transaction ID : 1250000010

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

17062.99

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**O'Brien Garrett**

Nature of Debt (Purpose):

Direct Mail Advertising: Printing &amp; Design

Mailing Address 1133 19Th St NW  
Ste 300City  
WashingtonState  
DCZip Code  
20036-3610

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000020

Amount Incurred This Period

17007.68

Payment This Period

0.00

Outstanding Balance at Close of This Period

17007.68

1) **SUBTOTALS** This Period This Page (optional)..... ►

48017.37

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 120 OF 141

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Sea Change Strategies LLC**Nature of Debt (Purpose):  
Fundraising Consulting

Mailing Address 7409 Birch Ave

City

Takoma Park

State

MD

Zip Code

20912-4253

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000021

Amount Incurred This Period

3675.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3675.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Venable LLP**Nature of Debt (Purpose):  
Legal ConsultingMailing Address 750 E Pratt St  
Ste 900

City

Baltimore

State

MD

Zip Code

21202-3157

Outstanding Balance Beginning This Period

0.00

Transaction ID : 1250000022

Amount Incurred This Period

23700.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

23700.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

27375.00

2) **TOTALS** This Period (last page this line number only)..... ►

196521.77

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

196521.77



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 121 OF 141  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00688655         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	

  

Full Name of Payee <input type="checkbox"/> Memo Item <b>Beacon Media, LLC</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 1725 I St NW Ste 300			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">4216.75</div>		
City Washington	State DC	Zip Code 20006-2423	<b>Transaction ID : 500001182</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure Media Production		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: TRUMP, DONALD, J., ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">9410292.84</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		

  

Full Name of Payee <input type="checkbox"/> Memo Item <b>Beacon Media, LLC</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 1725 I St NW Ste 300			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">13899.23</div>		
City Washington	State DC	Zip Code 20006-2423	<b>Transaction ID : 500001183</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure Media Production		Category/ Type <div style="border: 1px solid black; padding: 2px;">004</div>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: VAN DUYNE, ELIZABETH, ANN, ,			Office Sought: <input checked="" type="checkbox"/> House District: <u>24</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">782191.41</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		

  

(a) SUBTOTAL of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">18115.98</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Paone, Tara, , , [Electronically Filed]

Signature \_\_\_\_\_ Date  /  /

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 122 OF 141  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00688655         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	

  

Full Name of Payee <input type="checkbox"/> Memo Item <b>Bully Pulpit Interactive, LLC</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  10 / 22 / 2020         </div>	
Mailing Address 1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 10500.00         </div>	
City Washington	State DC	Zip Code 20005-2267	<b>Transaction ID : 500001107</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  10 / 23 / 2020         </div>	
Purpose of Expenditure Media Production			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: BIDEN, JOSEPH, JR, ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">9410292.84</div>	

  

Full Name of Payee <input type="checkbox"/> Memo Item <b>Bully Pulpit Interactive, LLC</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  10 / 27 / 2020         </div>	
Mailing Address 1445 New York Ave NW FI 5			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;"> 400000.00         </div>	
City Washington	State DC	Zip Code 20005-2267	<b>Transaction ID : 500001104</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;"> MM / DD / YYYY  10 / 26 / 2020         </div>	
Purpose of Expenditure Digital Advertising			Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President District: _____ State: _____	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">9410292.84</div>	

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">410500.00</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Paone, Tara, , , [Electronically Filed]

Date MM / DD / YYYY  
 12 / 03 / 2020

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 123 OF 141  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)</b>				FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00688655	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>	
Full Name of Payee <b>Bully Pulpit Interactive, LLC</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 1445 New York Ave NW FI 5			<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>		Amount
City Washington		State DC	Zip Code 20005-2267	<div style="border: 1px solid black; padding: 2px; text-align: right;">50000.00</div>	
Purpose of Expenditure Digital Advertising			Category/ Type 004		<b>Transaction ID : 500001106</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
Name of Federal Candidate: GONZALES, ERNEST, ANTHONY, , II			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input checked="" type="checkbox"/> House District: 23 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">273047.42</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
Full Name of Payee <b>Bully Pulpit Interactive, LLC</b>			<input type="checkbox"/> Memo Item		Date of Public Distribution/Dissemination
Mailing Address 1445 New York Ave NW FI 5			<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>		Amount
City Washington		State DC	Zip Code 20005-2267	<div style="border: 1px solid black; padding: 2px; text-align: right;">100000.00</div>	
Purpose of Expenditure Digital Advertising			Category/ Type 004		<b>Transaction ID : 500001105</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>
Name of Federal Candidate: TRUMP, DONALD, J., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; text-align: right;">9410292.84</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures .....				<div style="border: 1px solid black; padding: 2px; text-align: right;">150000.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(c) TOTAL Independent Expenditures .....				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Paone, Tara, , , Signature			[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">M</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">D</div><div style="border: 1px solid black; padding: 2px;">/</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div><div style="border: 1px solid black; padding: 2px;">Y</div></div> </div>

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 124 OF 141  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00688655</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Dixon/Davis Media Group</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Mailing Address    1028 33Rd St NW Ste 300			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6707.00</div>		
City Washington		State DC	Zip Code 20007-3571		<b>Transaction ID : 500001108</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>
Purpose of Expenditure Media Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
Name of Federal Candidate: MCCORMICK, RICHARD, DEAN, ,			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought:    <input checked="" type="checkbox"/> House    District: <u>07</u>  <input type="checkbox"/> President    <input type="checkbox"/> Senate    State: <u>GA</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">603990.86</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>MVAR Media LLC</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
Mailing Address    1421 Prince St Ste 320			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">4527.71</div>		
City Alexandria		State VA	Zip Code 22314-2805		<b>Transaction ID : 500001109</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>
Purpose of Expenditure Media Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>	
Name of Federal Candidate: NEHLS, TROY, ,			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought:    <input checked="" type="checkbox"/> House    District: <u>22</u>  <input type="checkbox"/> President    <input type="checkbox"/> Senate    State: <u>TX</u> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">769320.35</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>				<div style="border: 1px solid black; padding: 2px; text-align: right;">11234.71</div>	
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
<b>(c) TOTAL Independent Expenditures .....</b>				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Paone, Tara, ,</u>			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</div> </div>		
[Electronically Filed]			12 / 03 / 2020		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 125 OF 141  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00688655         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	
Full Name of Payee <input type="checkbox"/> Memo Item <b>MVAR Media LLC</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address 1421 Prince St Ste 320			Amount <input type="text"/>		
City Alexandria	State VA	Zip Code 22314-2805	Transaction ID : <b>500001110</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure Media Production		Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: NEHLS, TROY, , ,			Office Sought: <input checked="" type="checkbox"/> House District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate State: TX		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 769320.35			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item <b>The Spoken Hub</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address PO Box 615			Amount <input type="text"/>		
City Manhasset	State NY	Zip Code 11030-0615	Transaction ID : <b>500001120</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure Phone Minutes: See Schedule B		Category/Type <input type="text"/> 004	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: BIDEN, JOSEPH, JR, ,			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 9410292.84			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<input type="text"/> 5877.53		
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<input type="text"/>		
<b>(c) TOTAL Independent Expenditures .....</b>			<input type="text"/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Paone, Tara, , ,</u>			Date <input type="text"/> / <input type="text"/> / <input type="text"/>		
[Electronically Filed]					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 126 OF 141  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 2em; margin-right: 10px;">C</span> <span>C00688655</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Full Name of Payee <b>The Spoken Hub</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address <b>PO Box 615</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">612.32</div>		
City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030-0615</b>	<b>Transaction ID : 500001121</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure <b>Phone Minutes: See Schedule B</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Name of Federal Candidate: <b>GREENFIELD, THERESA, , ,</b>			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: <b>00</b> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <b>IA</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">2725380.44</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>The Spoken Hub</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Mailing Address <b>PO Box 615</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">11.19</div>		
City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030-0615</b>	<b>Transaction ID : 500001122</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>		
Purpose of Expenditure <b>Phone Minutes: See Schedule B</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>		<div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	
Name of Federal Candidate: <b>KULKARNI, SRI, PRESTON, ,</b>			<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>22</b> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>TX</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">769320.35</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;">623.51</div>		
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
<b>(c) TOTAL Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Paone, Tara, , ,</i>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> <div><div style="border: 1px solid black; padding: 2px;">M M</div> / <div style="border: 1px solid black; padding: 2px;">D D</div> / <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div></div> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 127 OF 141  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 2em; margin-right: 10px;">C</span> <span>C00688655</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <b>The Spoken Hub</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination		
Mailing Address <b>PO Box 615</b>			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030-0615</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">23.68</div>		
Purpose of Expenditure <b>Phone Minutes: See Schedule B</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	<b>Transaction ID : 500001123</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>ALLRED, COLIN, , ,</b>			<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>32</b> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>TX</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">138.24</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>The Spoken Hub</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination		
Mailing Address <b>PO Box 615</b>			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030-0615</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">144.16</div>		
Purpose of Expenditure <b>Phone Minutes: See Schedule B</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	<b>Transaction ID : 500001124</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>BIDEN, JOSEPH, JR, ,</b>			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">9410292.84</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;">167.84</div>		
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
<b>(c) TOTAL Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Paone, Tara, , ,</i>		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		[Electronically Filed]	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 2em; margin-right: 10px;">C</span> <span>C00688655</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <b>The Spoken Hub</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination		
Mailing Address <b>PO Box 615</b>			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030-0615</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">156.60</div>		
Purpose of Expenditure <b>Phone Minutes: See Schedule B</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	<b>Transaction ID : 500001125</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>BIDEN, JOSEPH, JR, ,</b>			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">9410292.84</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>The Spoken Hub</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination		
Mailing Address <b>PO Box 615</b>			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030-0615</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">151.64</div>		
Purpose of Expenditure <b>Phone Minutes: See Schedule B</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	<b>Transaction ID : 500001126</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>BIDEN, JOSEPH, JR, ,</b>			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">9410292.84</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;">308.24</div>		
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
<b>(c) TOTAL Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Paone, Tara, ,</u> <span style="margin-left: 50px;"><b>[Electronically Filed]</b></span>			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 129 OF 141  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00688655         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span>	
Full Name of Payee <input type="checkbox"/> Memo Item <b>The Spoken Hub</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 26 / 2020		
Mailing Address <b>PO Box 615</b>			Amount <span style="border: 1px solid black; padding: 2px;">165.59</span>		
City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030-0615</b>	<b>Transaction ID : 500001127</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 26 / 2020		
Purpose of Expenditure <b>Phone Minutes: See Schedule B</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <b>BIDEN, JOSEPH, JR, ,</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">9410292.84</span>		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President State: _____ Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			
Full Name of Payee <input type="checkbox"/> Memo Item <b>The Spoken Hub</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 26 / 2020		
Mailing Address <b>PO Box 615</b>			Amount <span style="border: 1px solid black; padding: 2px;">23.68</span>		
City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030-0615</b>	<b>Transaction ID : 500001128</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 10 / 26 / 2020		
Purpose of Expenditure <b>Phone Minutes: See Schedule B</b>		Category/Type <span style="border: 1px solid black; padding: 2px;">004</span>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <b>DAVIS, WENDY, , ,</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">18131.44</span>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>21</b> <input type="checkbox"/> President State: <b>TX</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____			
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<span style="border: 1px solid black; padding: 2px;">189.27</span>		
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<span style="border: 1px solid black; padding: 2px;"></span>		
<b>(c) TOTAL Independent Expenditures .....</b>			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Paone, Tara, , ,</u>		[Electronically Filed]		Date <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> 12 / 03 / 2020	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00688655         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <div style="float: right;">           New report    Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</span> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item <b>The Spoken Hub</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            10 / 26 / 2020         </div>		
Mailing Address <b>PO Box 615</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           151.64         </div>		
City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030-0615</b>	<b>Transaction ID : 500001129</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            10 / 26 / 2020         </div>		
Purpose of Expenditure <b>Phone Minutes: See Schedule B</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>			
Name of Federal Candidate: <b>DE LA ISLA, MICHELLE, , ,</b>			<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>KS</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">151.64</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item <b>The Spoken Hub</b>			Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            10 / 26 / 2020         </div>		
Mailing Address <b>PO Box 615</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">           23.68         </div>		
City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030-0615</b>	<b>Transaction ID : 500001130</b> Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            10 / 26 / 2020         </div>		
Purpose of Expenditure <b>Phone Minutes: See Schedule B</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>			
Name of Federal Candidate: <b>FLETCHER, ELIZABETH, , ,</b>			<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>07</b> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>TX</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">213718.24</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; display: inline-block;">175.32</div>		
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
<b>(c) TOTAL Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <b>Paone, Tara, , ,</b>		<b>[Electronically Filed]</b>		Date <div style="border: 1px solid black; padding: 2px; display: inline-block;">           MM / DD / YYYY            12 / 03 / 2020         </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00688655         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <b>▶</b> New report    Amends report filed on				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <b>The Spoken Hub</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address <b>PO Box 615</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">156.60</div>		
City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030-0615</b>	<b>Transaction ID : 500001131</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure <b>Phone Minutes: See Schedule B</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>GORDON, JACQUELINE, , ,</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House    District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NY</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">156.60</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>The Spoken Hub</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address <b>PO Box 615</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">58.28</div>		
City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030-0615</b>	<b>Transaction ID : 500001132</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure <b>Phone Minutes: See Schedule B</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>HEGAR, MARY, MJ, ,</b> <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose			Office Sought: <input checked="" type="checkbox"/> House    District: <b>31</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>TX</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">19375.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;">214.88</div>		
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
<b>(c) TOTAL Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Paone, Tara, , ,</i>		<i>[Electronically Filed]</i>		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

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 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00688655         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/> / <input type="text"/> / <input type="text"/>	
Full Name of Payee <input type="checkbox"/> Memo Item <b>The Spoken Hub</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address <b>PO Box 615</b>			Amount <input type="text"/>		
City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030-0615</b>	<b>Transaction ID : 500001133</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure <b>Phone Minutes: See Schedule B</b>		Category/Type <input type="text"/> <b>004</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: <b>KULKARNI, SRI, PRESTON, ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>22</b> State: <b>TX</b>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>769320.35</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <input type="checkbox"/> Memo Item <b>The Spoken Hub</b>			Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>		
Mailing Address <b>PO Box 615</b>			Amount <input type="text"/>		
City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030-0615</b>	<b>Transaction ID : 500001134</b> Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>		
Purpose of Expenditure <b>Phone Minutes: See Schedule B</b>		Category/Type <input type="text"/> <b>004</b>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Name of Federal Candidate: <b>LADJEVARDIAN, SIMA, JANDAGHI, ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>02</b> State: <b>TX</b>		
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> <b>18131.44</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<input type="text"/> <b>47.36</b>		
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<input type="text"/>		
<b>(c) TOTAL Independent Expenditures .....</b>			<input type="text"/>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Paone, Tara, ,</i>		[Electronically Filed]		Date <input type="text"/> / <input type="text"/> / <input type="text"/>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 133 OF 141  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 2em; margin-right: 10px;">C</span> <span>C00688655</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Spoken Hub</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Mailing Address <b>PO Box 615</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">23.68</div>		
City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030-0615</b>	<b>Transaction ID : 500001135</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure <b>Phone Minutes: See Schedule B</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>OLIVER, JULIE, LYNN, ,</b>			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House    District: <b>25</b>  <input type="checkbox"/> President    <input type="checkbox"/> Senate    State: <b>TX</b> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">138.24</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>The Spoken Hub</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Mailing Address <b>PO Box 615</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">23.68</div>		
City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030-0615</b>	<b>Transaction ID : 500001136</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure <b>Phone Minutes: See Schedule B</b>		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>SEIKALY, HELANE, SAWSAN, ,</b>			<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Support  <input type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House    District: <b>03</b>  <input type="checkbox"/> President    <input type="checkbox"/> Senate    State: <b>TX</b> </div> </div>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">138.24</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;">47.36</div>		
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
<b>(c) TOTAL Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Paone, Tara, ,</u>		[Electronically Filed]		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 134 OF 141  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00688655         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report				New report <input type="checkbox"/> Amends report filed on <input type="text"/>	

  

Full Name of Payee <input type="checkbox"/> Memo Item <b>The Spoken Hub</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><input type="text"/>10</div> <div><input type="text"/>26</div> <div><input type="text"/>2020</div> </div>		
Mailing Address <b>PO Box 615</b>			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">23.68</div>		
City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030-0615</b>	<b>Transaction ID : 500001137</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><input type="text"/>10</div> <div><input type="text"/>26</div> <div><input type="text"/>2020</div> </div>		
Purpose of Expenditure <b>Phone Minutes: See Schedule B</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <b>SIEGEL, MICHAEL, , ,</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">18131.44</div>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <b>10</b> State: <b>TX</b>			
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Full Name of Payee <input type="checkbox"/> Memo Item <b>The Spoken Hub</b>		
Mailing Address <b>PO Box 615</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div><input type="text"/>10</div> <div><input type="text"/>26</div> <div><input type="text"/>2020</div> </div>		
City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030-0615</b>	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">165.60</div>		
Purpose of Expenditure <b>Phone Minutes: See Schedule B</b>		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	<b>Transaction ID : 500001138</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div><input type="text"/>10</div> <div><input type="text"/>26</div> <div><input type="text"/>2020</div> </div>		
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <b>TIPIRNENI, HIRAL, VYAS, ,</b>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: <b>06</b> State: <b>AZ</b>			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">165.60</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			

  

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;">189.28</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures.....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures .....	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

  

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paone, Tara, , ,*  
 Signature

*[Electronically Filed]*

Date 

12

03

2020

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 135 OF 141  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 2em; margin-right: 10px;">C</span> <span>C00688655</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <b>The Spoken Hub</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination		
Mailing Address <b>PO Box 615</b>			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030-0615</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">173.43</div>		
Purpose of Expenditure Phone Minutes: See Schedule B		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Transaction ID : <b>500001139</b> Date of Disbursement or Obligation		
Name of Federal Candidate: <b>VALENZUELA, CANDACE, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>24</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>TX</b>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">782191.41</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>The Spoken Hub</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination		
Mailing Address <b>PO Box 615</b>			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030-0615</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">144.16</div>		
Purpose of Expenditure Phone Minutes: See Schedule B		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	Transaction ID : <b>500001140</b> Date of Disbursement or Obligation		
Name of Federal Candidate: <b>WILLIAMS, NIKEMA, NATASSHA, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>05</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>GA</b>		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; text-align: right;">144.16</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;">317.59</div>		
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
<b>(c) TOTAL Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Paone, Tara, ,</i>		Date		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
[Electronically Filed]		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>			

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 136 OF 141  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 2em; margin-right: 10px;">C</span> <span>C00688655</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <b>The Spoken Hub</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination		
Mailing Address <b>PO Box 615</b>			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030-0615</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">234.84</div>		
Purpose of Expenditure <b>Phone Minutes: See Schedule B</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	<b>Transaction ID : 500001141</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>BIDEN, JOSEPH, JR, ,</b>			<input checked="" type="checkbox"/> Support    Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">9410292.84</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>The Spoken Hub</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination		
Mailing Address <b>PO Box 615</b>			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
City <b>Manhasset</b>	State <b>NY</b>	Zip Code <b>11030-0615</b>	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">176.56</div>		
Purpose of Expenditure <b>Phone Minutes: See Schedule B</b>		Category/Type <div style="border: 1px solid black; padding: 2px; text-align: center;">004</div>	<b>Transaction ID : 500001142</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: <b>HEGAR, MARY, MJ, ,</b>			<input checked="" type="checkbox"/> Support    Office Sought: <input checked="" type="checkbox"/> House    District: <b>31</b> <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>TX</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">19375.62</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶ _____		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;">411.40</div>		
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
<b>(c) TOTAL Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Paone, Tara, ,</i>		Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		[Electronically Filed]	



**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 137 OF 141  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 1.5em; margin-right: 10px;">C</span> <span>C00688655</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <b>The Spoken Hub</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination		
Mailing Address <b>PO Box 615</b>			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
City <b>Manhasset</b>		State <b>NY</b>	Zip Code <b>11030-0615</b>		
Purpose of Expenditure <b>Phone Minutes: See Schedule B</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">386.50</div>		
Name of Federal Candidate: <b>JONES, GINA, ORTIZ, ,</b>			Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>		
Name of Federal Candidate: <b>JONES, GINA, ORTIZ, ,</b>			Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
<div style="border: 1px solid black; padding: 2px; text-align: right;">273047.42</div>			2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Waterfront Strategies</b>			<input type="checkbox"/> Memo Item    Date of Public Distribution/Dissemination		
Mailing Address <b>3030 K St NW</b> <b>Ste 100</b>			<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
City <b>Washington</b>		State <b>DC</b>	Zip Code <b>20007-5104</b>		
Purpose of Expenditure <b>T.V. Advertising Buy</b>			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">250000.00</div>		
Name of Federal Candidate: <b>TRUMP, DONALD, J., ,</b>			Category/Type <div style="border: 1px solid black; padding: 2px;">004</div>		
Name of Federal Candidate: <b>TRUMP, DONALD, J., ,</b>			Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General		
<div style="border: 1px solid black; padding: 2px; text-align: right;">9410292.84</div>			2020 <input type="checkbox"/> Other (specify) ▶		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;">250386.50</div>		
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
<b>(c) TOTAL Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Paone, Tara, ,</i>			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
[Electronically Filed]			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">2020</div> </div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 138 OF 141  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00688655       </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <b>Waterfront Strategies</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>		
Mailing Address    3030 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">750000.00</div>		
City Washington	State DC	Zip Code 20007-5104	<b>Transaction ID : 500001118</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure T.V. Advertising Buy		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">004</div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: VAN DUYNE, ELIZABETH, ANN, ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input checked="" type="checkbox"/> House    District: 24 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: TX		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">782191.41</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <b>Waterfront Strategies</b> <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>		
Mailing Address    3030 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">600000.00</div>		
City Washington	State DC	Zip Code 20007-5104	<b>Transaction ID : 500001119</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>		
Purpose of Expenditure T.V. Advertising Buy		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">004</div>	<div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>		
Name of Federal Candidate: NEHLS, TROY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input checked="" type="checkbox"/> House    District: 22 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: TX		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; width: 150px; text-align: right;">769320.35</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2020 <input type="checkbox"/> Other (specify) ▶		
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1350000.00</div>		
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>			<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>		
<b>(c) TOTAL Independent Expenditures .....</b>			<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;"> </div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Paone, Tara, , , Signature		<b>[Electronically Filed]</b>		Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>	

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 139 OF 141  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00688655         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div>					
Full Name of Payee <input type="checkbox"/> Memo Item <b>Waterfront Strategies</b>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="width: 15%;">10</div> <div style="width: 15%;">28</div> <div style="width: 70%;">2020</div> </div>	
Mailing Address 3030 K St NW Ste 100				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">597020.00</div>	
City Washington		State DC		Zip Code 20007-5104	
Purpose of Expenditure T.V. Advertising Buy				Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">004</div>	
Name of Federal Candidate: MCCORMICK, RICHARD, DEAN, ,				Office Sought: <input checked="" type="checkbox"/> House District: 07 <input type="checkbox"/> President <input type="checkbox"/> Senate State: GA	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">603990.86</div>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="width: 15%;">10</div> <div style="width: 15%;">27</div> <div style="width: 70%;">2020</div> </div>	
Full Name of Payee <input type="checkbox"/> Memo Item <b>Waterfront Strategies</b>				Amount <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">490000.00</div>	
Mailing Address 3030 K St NW Ste 100				Transaction ID : 500001111 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="width: 15%;">10</div> <div style="width: 15%;">26</div> <div style="width: 70%;">2020</div> </div>	
City Washington		State DC		Zip Code 20007-5104	
Purpose of Expenditure T.V. Advertising Buy				Category/Type <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">004</div>	
Name of Federal Candidate: ERNST, JONI, K., ,				Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">2725380.44</div>				<div style="border: 1px solid black; padding: 2px; width: 100%; text-align: right;">1087020.00</div>	
<b>(a) SUBTOTAL of Itemized Independent Expenditures .....</b>					
<b>(b) SUBTOTAL of Unitemized Independent Expenditures.....</b>					
<b>(c) TOTAL Independent Expenditures .....</b>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Paone, Tara, , ,</u>				Date <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 15%;">M M /</div> <div style="border: 1px solid black; padding: 2px; width: 15%;">D D /</div> <div style="border: 1px solid black; padding: 2px; width: 70%;">Y Y Y Y Y Y</div> </div> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="width: 15%;">12</div> <div style="width: 15%;">03</div> <div style="width: 70%;">2020</div> </div>	

[Electronically Filed]

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 140 OF 141  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: flex; align-items: center;"> <span style="font-size: 2em; margin-right: 10px;">C</span> <span>C00688655</span> </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span>				<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Waterfront Strategies</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 3030 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">500618.00</div>		
City Washington		State DC	Zip Code 20007-5104		<b>Transaction ID : 500001116</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Purpose of Expenditure T.V. Advertising Buy		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: TILLIS, THOM, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate  <input type="checkbox"/> President <input type="checkbox"/> Senate         </div> <div>           District: 00            State: NC         </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>3872377.71</span> </div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Waterfront Strategies</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
Mailing Address 3030 K St NW Ste 100			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">159378.00</div>		
City Washington		State DC	Zip Code 20007-5104		<b>Transaction ID : 500001114</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>
Purpose of Expenditure T.V. Advertising Buy		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>	
Name of Federal Candidate: NEHLS, TROY, , ,			<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Support  <input checked="" type="checkbox"/> Oppose         </div> <div>           Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate  <input type="checkbox"/> President <input type="checkbox"/> Senate         </div> <div>           District: 22            State: TX         </div> </div>		
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>769320.35</span> </div>		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....</p> <p>(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....</p> <p>(c) <b>TOTAL</b> Independent Expenditures .....</p> </div> <div style="width: 35%;"> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;">659996.00</div> <div style="border: 1px solid black; padding: 2px; text-align: right; margin-bottom: 10px;"></div> <div style="border: 1px solid black; padding: 2px; text-align: right;"></div> </div> </div>					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Paone, Tara, , ,</u>			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		
[Electronically Filed]			Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M /</div> <div style="border: 1px solid black; padding: 2px;">D D /</div> <div style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</div> </div>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 141 OF 141  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>EVERYTOWN FOR GUN SAFETY VICTORY FUND (EVERYTOWN VICTORY FUND)</b>				<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00688655         </div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <span style="margin-left: 20px;">New report</span> <span style="margin-left: 20px;">Amends report filed on</span> <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>					
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Waterfront Strategies</b>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 3030 K St NW Ste 100				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">30000.00</div>	
City Washington		State DC		Zip Code 20007-5104	
Purpose of Expenditure T.V. Advertising Buy				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: ERNST, JONI, K., ,				Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">2725380.44</div>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Full Name of Payee <span style="float: right;"><input type="checkbox"/> Memo Item</span> <b>Waterfront Strategies</b>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
Mailing Address 3030 K St NW Ste 100				Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">149449.00</div>	
City Washington		State DC		Zip Code 20007-5104	
Purpose of Expenditure T.V. Advertising Buy				Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	
Name of Federal Candidate: TILLIS, THOM, , ,				Office Sought: <input type="checkbox"/> House District: 00 <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought				Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
<div style="border: 1px solid black; padding: 2px; text-align: right;">3872377.71</div>				Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	
(a) SUBTOTAL of Itemized Independent Expenditures .....				<div style="border: 1px solid black; padding: 2px; text-align: right;">179449.00</div>	
(b) SUBTOTAL of Unitemized Independent Expenditures.....				<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>	
(c) TOTAL Independent Expenditures .....				<div style="border: 1px solid black; padding: 2px; text-align: right;">4125271.77</div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Paone, Tara, , , Signature				Date <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> <div style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</div> </div>	

[Electronically Filed]